

The Canadian Nurse

VOL. V.

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No. 2

Editorial

A BRAVE CANADIAN NURSE.

Canadian nurses will read with mingled feelings of thanksgiving, joy and pride, the simple and touching tale told by Miss Tweedie of her adventures on the sea for the three memorable days between the three steamships, the "Republic," the "Florida" and the "Baltic," and unless they are made of sterner stuff than the editor, their eyes will be full of tears ere they finish. Four times did Miss Tweedie go down in the dark, in a ship that she had been on not twenty-four hours. The first time to bring up four life belts for her patient and her patient's family, the second time to get one for herself, hers having been taken by some one. On her return she met an Italian, wandered from his place, who pointed to his bare breast and said: "Me" and then pointed to her life-belt. She gave it to him, and went down the third time, returning with a life-belt for herself. The fourth time she went down and a man with a bit of candle showed her a light. She returned with some clothes for her patient, which were a great comfort. These were not the only deeds she did, but we were not even allowed to tell these and we must not say more. All through her only thought was of her father and mother, to whom she sent the first private Marconigram from the "Baltic." In all this she kept her good judgment, and found in the end that she had her belt with all her valuables quite safe. The only jewel she lost was her alumnae pin, which she wore in her tie when she left New York. What Miss Tweedie has done will long be remembered by all her sisters in the Toronto General and by all the nursing sisterhood, and will make us all more brave and faithful to duty.

God bless the brave Canadian nurse.

Miss Tweedie's account:

We left New York harbor on Friday afternoon, January 22nd 1909, at three o'clock. The sun was shining brightly and every one was gay and happy, there was "no sadness of farewell," nothing to foretell the terrible calamity which would happen in a few short hours. Our party of four occupied adjoining state rooms on the starboardside of the saloon deck and were awakened about 4.30 Saturday morning by what seemed a loud explosion. An ominous silence followed. Hurrying out we inquired what was wrong and were told that it was nothing serious, but to go on deck as soon as possible. We immediately returned to our staterooms, just then the lights went out and we were in total darkness. Groping in it, we found cloaks and shoes which we hurriedly donned and went at once on deck where we found most of the others assembled.

There was no sign of panic, no one got excited, no women fainted and no one had time to scream, we were told to put on life belts and went back to our staterooms for them. As the life-boats had not been lowered, we attempted to again go to our staterooms to procure some necessary clothing, but were told not to be longer than possible and only to take what was absolutely necessary. We hurriedly picked up our rugs and a few articles of clothing and joined the other members of our party who were now on the top deck. Hot coffee and biscuits were served to all of the passengers, also baskets of apples. The Captain, officers and crew of our ship acted most heroically. Owing to their splendid discipline and the strong personality of our Captain, which dominated every one on board, all confusion was prevented. The Captain gave his orders and they were obeyed to the letter. One can never forget the Captain's command hurled at us through his megaphone. Out of the darkness it came straight and true and strong, and with all the chivalry of of man at his highest behind it. "We are in communication with the "Baltic." The life boats are ready. Women and children will enter the boats first. I will trust to the honor of the men to stand back." I have read of such things, but I never realized what it meant until last Saturday morning. I think more of bravery now that I know what it means. What had always seemed an impossible feat, when watching with awe the pilot going up and down the rope ladders we now accomplished with ease, doing exactly as we were told. "Ours not to reason why." Fortunately the first time of transferring, the sea was smooth as glass. We were taken across to the Italian emigrant ship in a very short time. This ship had over a thousand passengers already on board, fleeing from the earthquake. They had been "In peril on land" and now were "In peril by sea." Four of their sailors were killed during the collision. The injured on the "Republic" were brought over not without difficulty to the "Florida" but the dead were put in hermetically sealed caskets and left on the "Republic."

A most unselfish spirit prevailed everywhere. An Italian countess went down among the steerage passengers relieving their distress and one lady made a suit from a bed blanket for a baby whose mother had not time to save anything either for the baby or herself as they were in one of the wrecked staterooms. The other passengers from their scanty wardrobe made up enough clothes to clothe the mother.

The upper deck of the "Florida" was cleared for us and sacks of potatoes supplemented by life-belts were provided for seats. Everything was cold and damp, but no one complained. Cheerfulness reigned and nowhere was there heard a grumble. We even saw the comical side at times. Some of the costumes were extremely fantastic and altogether we were a most grotesque lot of people.

The stewards from our ship brought over brandy and coffee to the "Florida" which they served to us at intervals all through the long day. Too much cannot be said of the unfailing cheerfulness of those stewards, keeping up hope for us and

working constantly all that day and night without food or rest. At noon macaroni soup was served down in the dining room with biscuits and cheese, the best cheese I ever ate.

The Republic's wireless telegraphy had given out and only her submarine bells were left to guide the other boats to us. Night was coming on, the wind was rising and still the Baltic had not appeared, but about seven or eight o'clock in the evening there came into sight the welcome lights of the Baltic and other boats. It had truly been a terrible ordeal and we still had more to undergo, for after a conference of the captains of the different ships it was deemed safer to transfer us at once to the Baltic instead of waiting for daylight. This was much more trying than the first, as the sea was now rough and the night very dark. Searchlights were used and all were taken across without serious mishap. One of our party had to go in the boat preceding the one the rest went in, but this was done as courageously as everything else. We had agreed to do exactly as we were told, but did hope we might keep together. We have said nothing of Binns, the faithful operator who manipulated the wireless telegraphy. Had he not been at his post faithfully flashing out messages for help as long as the storage battery lasted this would never have been written.

"Yes, we are always wondering, wondering how,
Because we do not see
Someone unknown perhaps, and far away
On bended knee."

THE THIRD YEAR.

This is one of the most important questions before us at the present time. The two extreme points of view are represented by those who, on the one hand, hold that a two years' course is quite sufficient for a nurse's training, and those who, on the other hand, would overload the third year curriculum with subjects, which, however scientific, useful or admirable in themselves, are not the best subjects to occupy the attention of a nurse. We present in this issue the views of some Canadian nurses and Superintendents on this subject, and we should be glad to hear a further expression of opinion from any of our readers.

SYMPATHY.

Many qualities make up the perfect whole represented by the ideal of a nurse. Some qualities are essential, some are highly advantageous, some though only ornamental, are like the grace of life, and the love of learning, more beautiful and satisfying than anything that can be placed on the market or bought with a price. A patient who had been very ill for a long time said last week to the doctor: "This nurse has done more for me than any other nurse I ever had. She is not nearly so anxious to get off on the minute as the other nurses are. She really

seems to take an interest in me and feel sorry for me." That is one of the indispensable qualities of the ideal nurse. Is it becoming rarer? The pioneers of the nursing profession, the nurses of the Nightingale era, were sympathetic. The world knows it, and remembers it. The best type of the modern nurse is not more scientific, or more thoroughly trained, or more efficient, or more anything, than she is sympathetic. Sympathy is a pearl of great price in the nurse.

HALF A MILLION.

It is cheering to the mind and heart of anyone who cares for the sick to know that some of the rich do not forget the poor—and the children of the poor—who are sick. Nothing in the Christmas papers gave "The Canadian Nurse" more pleasure than the following editorial in "The Globe," entitled:—

"The Sick Children's Santa Claus."

"When it is said that Toronto's rich men do little relatively for charity's sake, a few notable exceptions must be made to the statement. Probably no institution on the continent has a more generous friend than the Sick Children's Hospital has in Mr. John Ross Robertson. The Hospital had rather a heavy overdraft at the New Year and Mr. Robertson sent along a check for \$10,000. Nothing has been said of the gift in "The Telegram"—probably nothing will be said of it save in this column. Only a short time ago Mr. Robertson gave the Hospital a Nurses' School and Home at a cost at least \$135,000. His gifts to the Hospital proper on capital account and for maintenance have never been totalled up, because no one save Mr. Robertson knows how much they have been and he won't tell. It would not be surprising to learn that first and last the Sick Children's Hospital and the Lakeside Home have benefited to the extent of almost half a million from Mr. Robertson's admirable Santa Claus habit. That is a somewhat startling figure for our rich men to live up to. Doing good by stealth, as Mr. Robertson does it, has its disadvantages. It cannot be used as effectively in spurring on others as can the subscription list method."

KAI TIAKI.

Kai Tiaki (The Watcher—The Guardian) the journal of the nurses of New Zealand, is just completing its first year, and in appearance, in content, in spirit and in achievement, is a journal to be proud of. Like "The Canadian Nurse," it began as a quarterly, and we confidently predict that it will not be long before it is a monthly magazine. We have read the quarterly number for October with interest and delight and are already looking forward to the first issue for 1909, which should reach us before these words reach our readers. Kai Tiaki has made

New Zealand nurses known to each other and known to the world and thus has promoted the union and progress of the profession.

BY CABLE.

Canadian nurses have been cabled for. That very progressive, world-wide, and courteous Corporation, the Canadian Pacific Railway Company, have received a long cable from London, and have approached the "Canadian Nurse" for a list of delegates from Canada to the International Council of Nurses in London next summer. You should try to go. The cost will be moderate, the C.P.R. say, and the benefit will be great. We shall be glad to hear from nurses who are thinking of going.

Editorial Notes

Great Britain.

Nursing in the Territorial Force.—Miss Haldane, Colonel Macpherson and others, have been explaining the plan of the Territorial Force. It is considered that Mr. Haldane and the War Office deserve great credit for the plan and for its development.

England.

Nurses for the Women Prisoners.—The suffragettes have done several good things, as Dr. Chesser points out in the *Contemporary*. We now know prisons from the inside. Only two prisons have trained nurses in their infirmaries. More will now be appointed.

Scotland.

Nurses' Registration.—At a large and representative meeting of the Royal College of Physicians of Edinburgh, the question of Registration of Nurses in Scotland, was considered. It seems that the English bill as it stands is not suitable for Scotland, and a small committee was then and there appointed to consider the bill in detail and frame a scheme suitable for Scotland.

Canada.

Lectures by Dental Surgeons.—An excellent lecture delivered to the nurses of Grace Hospital, Toronto, last year was by Dr. R. J. Reade, on "The Relation Existing between the Pathological Condition of the Mouth and General Systemic Disease." It is to be hoped that more of our hospitals will introduce lectures on this and similar subjects.

New Zealand.

Assistant Inspector.—An Assistant Government Inspector of Private Hospitals and Midwives has just been appointed in New Zealand. Miss Bagley and Miss Bicknell are the two assistants under Miss Maclean. Both ladies are New Zealand

trained nurses—one from Wellington and the other from Dunedin.

The Dominion of New Zealand.

Extravagance.—The Inspector-General of Hospitals in the Dominion of New Zealand, who has charge of 53 hospitals, advises that a question in Hospital Economics dealing with the cost of fuel and the average charge of 1,000 feet of gas, should be included in the final State examinations. Yes!

Western Australia.

Nurse Inspector of Hospitals.—Sister Blackburn of the Perth Hospital, has been appointed at a salary of £150 per annum with an assistant at £120 per annum, to be Nurse Inspector of Hospitals, in Western Australia, under the Government Charities Department. Both positions are new ones.

The United States.

Visiting Nursing.—A very valuable book on visiting nurses has been in preparation for two years by Miss G. G. Waters, of the Nurses' Settlement, New York. The scope of the book is wide, and we all look forward with great interest to reading it.

The Tuberculosis Exhibit in New York.

We regret that pressure on our space has been so great that we are obliged to defer this subject to our March issue.

France.

Inauguration of the School of Nurses.—The new school of nurses of the Saltpetrière Hospital, Paris, under the Assistance Publique, has just been inaugurated. The ceremony was a brilliant one, and speeches were delivered by M. Cruppi, President of the Board of Trade, the President of the Paris County Council, and M. Mesurier, Director of the Board of Charity. The pupil nurses of the School, 170 in number, were present, also a very large number of distinguished visitors, clerical and lay.

Belgium.

New Nurses' Magazine.—A new monthly magazine for nurses, printed entirely in Flemish, has just appeared in Belgium.

Korea.

Graduating Exercises.—Our old friend, Dr. Avison, so well and kindly remembered in his old Canadian home in Toronto, delivered the graduating address at the graduation of seven Korean nurses at Severance Hospital, Seoul, Korea. Miss Shields, the Superintendent, also addressed the nurses, and Mrs. Liu, a Korean lady.

WHAT SHOULD BE TAUGHT IN THE THIRD YEAR OF A NURSE'S COURSE.

From Miss F. E. Sharpe, Lady Superintendent, Woodstock Hospital:—

This is the rule for study and work during our third year in this hospital:—

During the first six months—Lectures on obstetrics and the practical care of mother and child.

Practical Dietetics—Lectures and demonstrations by Domestic Science teacher.

Infant feeding and preparation of food.

During the last six months—Assistant in operating room and charge of junior nurses' work in the wards, for three months.

Charge of operating room and care of all Hospital Supplies; charge of senior nurse's work in wards. Attending to superintendent's work during her absence.

This Hospital does not employ any graduate nurses. All the work in the Hospital is done by the pupil nurses. Where special nurses are required graduates of the Hospital are engaged.

From Miss F. Wilson, Lady Superintendent, Winnipeg General Hospital, Training School for Nurses:—

Your letter received this morning. You ask for my views on "what should be taught in the third year of a Nurse's course." You have not given me much time to say very much on the subject, but it is one I am very much interested in especially in three years being necessary to give a thorough training in general nursing.

The subjects we put most stress on during the third year of training here are:—Management, Operating Room work, District work and Special Duty, for the practical part, and their studies consist of Surgery, Infectious Diseases (following classes and training in Intermediate year), Nursing of nervous diseases, and anaesthetics and their administration, the last subject being necessary for nurses taking positions in small hospitals throughout the West where so many of our nurses go.

From Miss Stewart, New York.

With the two to six months' preparatory course, which is becoming the rule in most up-to-date hospitals it seems to me that all the general subjects required to put the pupil nurse in right relationship to her hospital duties, ought to be covered in the first two years. This leaves the special subjects, such as electro-therapeutics, skin diseases, massage, the nursing of nervous diseases and obstetrics possibly, to the third year. Since all of these special subjects cannot be covered thoroughly by all, and since the student has probably by this time developed a taste or a special capacity for some one line of work, this would seem to be the best time for her to select the line of her future activi-

ties. In order that she may choose thoughtfully and intelligently, she should know the whole scope of the possibilities presented by her profession. Many a nurse has drifted into private nursing, because a hospital position did not present itself, or was not solicited and there seemed nothing else to do. Now that such an infinite variety of social activities are open to nurses, it would seem very important that she should know something at least of the opportunities that are hers—that she should also consider which of the many phases of the work, she is best fitted for—and which she will probably choose.

The practical work of the year will then be arranged, so as to give each nurse as far as possible, a larger proportion of the experience and training she specially requires. The subjects taught will be those which deal with all these special departments, including the social aspect of nursing, the relation of the nursing profession to the other branches of philanthropy, the special care of nervous patients, of insane patients, of children, occupation for convalescents, the private nurse's responsibility to her patient, the family, the physician, her professional associates, herself. This larger question is usually summarily disposed of in a sort of valedictory address at graduation exercises, and the newly-fledged nurse goes out into totally new conditions, to learn a great many very ordinary but very essential things, through failure and bitter experiences.

The graduate who aspires to institutional work is often little better. It requires, not one but a series of lectures to give even a rudimentary knowledge of hospital administration and organization, the question of laundry, of buying, of accounts, and many other executive details which the smallest hospital has to deal with, and which should not be left to the doubtful hit and miss, of experience.

All these things help to put the senior nurse in a proper relation to her life work. But she may still remain a narrow gauge nurse, and so far as the profession is concerned, a drone in the hive, if she has not been impressed with her duties and responsibilities to the great body of workers. Could a place not be found somewhere in the third year, for the discussion of the broader aspects of nursing, the work of the societies, the involved nursing problems, the great movements, the literature of the profession? It seems to me this is the weakest spot in our training schools.

THE WOMEN'S HOSPITAL AUXILIARY OF ORILLIA.

How to make money easily, and have, at the same time, many a pleasant social gathering, is a subject upon which the Women's Hospital Auxiliary of Orillia is at any time quite competent to give advice.

This auxiliary is only two years old, but in May last, when the Orillia Hospital was opened, they were ready with everything necessary for a perfectly-equipped hospital of eighteen beds. The Superintendent, Miss Nellie Johnson, found none of the hardships incidental to a new institution where many priva-

tions are endured because of lack of funds, and she is thus able to make the hospital the unqualified success she is certainly doing.

Their latest endeavor was a bazaar lasting three days in November, at which they cleared the satisfactory sum of one thousand two hundred and sixty dollars. Five hundred of this is to be devoted, when spring opens, to developing the possibilities of beauty which the large grounds about the hospital give promise of.

The preparation for the bazaar extended over two months, and was the work of the ladies only, no merchant or business man being asked for aid of any kind whatever.

On the opening day, the large irregular lecture-room presented a pretty sight with its gay booths decorated in some appropriate way. The first booth was presided over by Mrs. J. B. Tudhope and contained home-made cooking, principally Christmas specialties. Here was the most delicious mince-meats, puddings and Christmas cakes, and Mrs. Tudhope was besieged for recipes. No one grudged this difficult booth the honor of making the largest sum, its share in the treasury being one hundred and seventy dollars (\$170).

Next to that was Mrs. Inglis Grant's booth, which was all in white with festively dressed dolls perched on every white shelf, and gaily suspended from a green Christmas tree. Early in the evening of the last day, Mrs. Grant and her assistants were seen folding up their white draperies, for the last little beauty had been sold.

Next was an alcove which formed a pretty shelter for Mrs. Diggles' Handkerchief Booth. This lady, with great business foresight, had sent to friends in London and procured a large number of dainty colored French and English handkerchiefs. Some of these had been utilized for kimono, collars, dresser-scarfs, and bags for all purposes, while others were sold as they were. These were so fetching and were marked so reasonably, that Mrs. Diggle had to supplement her stock from down town long before the sale was over.

Beside this was the platform, and it was occupied by Mrs. Geikie's picture display. The Orillia artists had generously donated paintings to this, in addition to which the ladies had procured good prints which they had had framed, and many other dainty things which they themselves had framed with passe-partout, or made into calendars. This gallery looked so fine with its dark-red background, that it was always crowded with those who came to admire and remained to buy.

Next to that was the Apron Booth with Mrs. McPherson presiding. Here were several hundred aprons of varieties to suit all people and all purposes. Not even the doll was forgotten. The last day this booth was only a bare little corner gay with Union Jacks.

The next space was an artistic corner in yellow and white with Mrs. A. E. Ardagh at the head. Here you could buy anything in chintz from curtains and shirt-waist boxes, down to scrap-baskets and needle-books! Mrs. Ardagh, also had charge

of a Curio room which contained various curios, also things of long ago owned by old Orillia families. Here was the cup won by Jake Gaudaur as champion sculler of the world, and the flag presented to Jack Miller when he brought home his lacrosse team from their tour around the world.

Next was Mrs. John Scott's Baby Booth, all in pink and white, where were all sorts of gifts and cunning little garments for the little rulers of our homes.

Beyond that was the Fancy Work, presided over by Mrs. Clarke. Here were so many exquisite things that one felt sure these ladies must have spent long hours over such a display of clever workmanship.

The next booth was one which tempted all the coins from the pockets of the young people, for here Mrs. M. B. Tudhope had a most tempting display of fancy home-made candy in all varieties of basket and box. To visit this booth was only to return again and again.

The last booth was the Lingerie, where Mrs. W. H. Tudhope reigned. Every style of shirt-waist was here, from the evening lace blouse, to the ordinary one for morning wear. In addition to these dainty underwaists and collars were on sale, either donated by some lady, or made by the skillful fingers of this industrious committee.

A Tea-room opened from the larger room, and this was the cosiest, happiest spot imaginable, with its scarlet draperies, its red-shaded lamps, and its pretty black-robed attendants with their white aprons and caps. The hand-painted menus showed an inviting afternoon list of dainties. One could enjoy a visit with friends over a cup of tea, or cocoa or bouillon, with hot biscuit, toast or cake.

From twelve to two a delightful four-course luncheon was served. This consisted of hot bouillon, chicken, ham and salads, tartlets, cheese, celery and coffee. It was designed for the husbands of the busy ladies, and proved to be one of the attractive features of the bazaar. The little family groups that appeared day after day about the tables told what a successful scheme this was proving.

A charming evening concert by Mr. Lissant Beardmore of Toronto, assisted by local talent, was another attractive feature.

The plans for this bazaar and their successful carrying-out are due to two ladies, Mrs. Gilchrist and Miss Beaton, to whom the Auxiliary has learned to entrust the management of any scheme for raising money, sure that every detail will be perfect, and the money required appear magically at the end of a few pleasant days.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President—Mrs. C. J. Currie, 175 College St., Toronto.

First Vice-President—Miss Annie Robinson, Superintendent, General Hospital, Galt.

Second Vice-President—Mrs. S. H. Tilley, 228 Johnston St., Kingston.

Treasurer—Mrs. Thomas Roden, 127 Dunn ave., Toronto.

Recording Secretary—Miss Julia Stewart, 134 Yorkville ave., Toronto.

Corresponding Secretary—Miss E. R. Greene, 418 Sumach St., Toronto.

Board of Directors:

Miss Brent, Superintendent, Sick Children's Hospital, Toronto.

Miss Mathieson, Superintendent, Riverdale Hospital, Toronto.

Miss Barwick, 644 Spadina Ave., Toronto.

Miss Woodland, Superintendent, Western Hospital, Toronto.

Miss Lennox, 107 Bedford Road, Toronto.

Miss Hamilton, 608 Church St., Toronto.

Mrs. Yorke, 400 Manning Ave., Toronto.

Mrs. Paffard, 51 Poplar Plains, Road, Toronto.

Miss M. Christie, 19 Classic Ave., Toronto.

Miss Eastwood, 206 Spadina Ave., Toronto.

Miss Graves, St. Michael's Hospital, Toronto.

Miss Mary Gray, 505 Sherbourne St., Toronto.

A meeting of the Executive of the G.N.A.O. was held at Grace Hospital on Tuesday, Jan. 19th, at 8 p.m., with the President, Mrs. Currie, in the chair. There were present Mesdames Paffard, Roden and Yorke, and Misses Mathieson, Woodland, Greene, Hamilton, Gray, Carnochan and Stewart. A number of matters of importance were gone into, among them being the appointment of one of our number to assist one day a month at the Employment Bureau for Women, established at the City Hall by the Local Council of Women.

Miss Greene presented several letters received in reply to those sent out asking for suggestions in regard to making the Annual Meeting more interesting. Several helpful suggestions have been received, also contributions from several Alumnae Associations, to help defray the expenses of the meeting.

Miss de Witte, assistant editor, American Journal of Nursing, has kindly promised to be present, and read a paper on "Some Problems of the Private Nurse."

A number of applications for membership were accepted, and it was decided to have the names of the officers of the Association appear in the "Canadian Nurse" each month.

Miss Carnochan, assisted by Mrs. Currie, was appointed to arrange for the Toronto Chapter course of lectures, and it is hoped soon to have a lecture from President Falconer. The Committee then adjourned, to meet again in February.

JULIA STEWART,

Secretary.

Official Department

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne Street.
First Vice-President—Ida Beam, 728 Spadina Avenue.
Second Vice-President—Annie Hartley, T.G.H.
Recording Secretary—Miss Lindsay, T.G.H.
Corresponding Secretary—Ida L. Burkholder, 728 Spadina.
Treasurer—Marion E. Hall, 18 Earl Street.
Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie,
53 Langley Avenue; Edith Hargraves, 146 Winchester Street.
Conveners of Committees:
Sick Visiting—Elizabeth Field, 505 Sherbourne Street.
Registration—M. E. Christie, 19 Classic Avenue.
Programme—Mrs Feeney, 44 Willcocks Street.
Social and Lookout—Miss Richardson, 551 Sherbourne St.
Press—S. Caroline Ross, 1 Selby Street.
Central Registry—Miss Purdy, 551 Sherbourne Street; H.
Fralick, 728 Spadina Avenue.
Canadian Nurse Representative—Miss Lennox, 107 Bedford
Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLING- WOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09; Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses:—Misses A. C. W. Teevan, A. H. Esden, E. B. Black, M. Black, M. E. Stewart.

Matrons.

Miss C. Hutton Potts, to M.H.P., Wynberg, S.A., from M. HP., Standerton.

Sisters.

Miss K. Roscoe, to M.H.P., Cairo, from M.H.P., Khartoum.
Miss E. M. Pettle, to M.H.P., Khartoum, from M.H.P., Cairo.
Miss A. Willes, to M.H.P., Tidworth, from R.V.H.P., Netley.
Miss W. Potter, to M.H.P., Devonport, from M.H.P., Canterbury.

Miss E. M. Denne, to M.H.P., Harrismith, S.A., from M.H.P., Bloemfontein.

Miss F. G. P. de Stourdza Zrinyi, to R.I., Dublin, from duty on S.S. Plassy.

Miss M. M. Tunley, to R.V.H.P., Netley, from duty on S.S. Plassy.

Miss E. M. Lang, to S.S. Plassy, for duty, from M.H.P., Tidworth.

Miss B. N. Daker, to M.H.P., Devonport, from M.H.P., Canterbury.

Staff Nurses.

Miss M. A. Roe, to M.H.P., Devonport; Miss I. M. L. du Sautoy, to R.V.H.P., Netley; Miss W. M. Gedye, to R.V.H.P., Netley, on appointment.

Miss H. M. E. Macartney, to M.H.P., Cairo, from M.H.P., Khartoum.

Miss M. Davis, to M.H.P., Khartoum, from M.H.P., Cairo.

Miss E. K. Kaberry, to M.H.P., Colchester (tempt.), from Egypt.

Miss K. E. Hearn, to S.S. Plassy for duty, from M.H.P., Colchester.

Miss M. D. Woodhouse, to R.H.H.P., Woolwich, from duty on S.S. Plassy.

Arrivals.

Miss H. W. Reid, Matron, from South Africa.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

THE CANADIAN NURSE.

One of our subscribers, in answer to a request in the January number, has kindly sent "The Canadian Nurse" for 1905 and 1906, complete with the exception of the March, 1906, issue, to Mr. John Ross Robertson. Will some one kindly send a copy of March, 1906, to Mr. John Ross Robertson, so that the library of the Sick Children's Hospital, Toronto, may have a complete file.

HOW CAN SKILLED NURSES BE SECURED IN THE HOMES OF THE WORKINGMAN?*

That there is a need for skilled nursing in the homes of the workingman is evident from the interest you have shown by attending this Convention.

This need has been recognized not only by that portion of the public who have the welfare of humanity at heart; but by nurses in general, and the visiting nurse in particular. In her rounds among the sick poor she soon finds on her list of patients many who were not always physically and financially helpless. Long illness, lack of work, or losses in various ways may deplete even a plethoric pocketbook, and the family who have an abundance to-day, may be in penury to-morrow. Finding this true in many instances, she can more readily understand how faint is the line between the sick poor for whom she cares, and the world's workers representing the bone and sinew of the nation. Knowing this, she believes that any expedient tending to make the crossing of the line less possible should be welcomed. In short, anything that would benefit the laboring men and at the same time not infringe upon others should be adopted. A sliding scale of prices to fit all cases, similar to that employed by physicians, has been suggested; but it will be obvious that this is not feasible.

The nurse is not a physician, in her work there is a constant strain which soon undermines even the strongest constitution. Her income therefore is limited to a shorter number of years and thus it would be unwise to vary her price according to the financial standing of the family cared for. The strenuous life while employed, the extra probation work now required, the limited duration of employment, tend to deter the applicant from entering our hospitals. That this is true is evident from the fact that there are fewer entering our hospitals than formerly. On the other hand there are people who love their dollars so well that if it were possible to obtain a nurse at a lower wage by pleading poverty, they would not hesitate to do so. A fear of pauperizing people has also been a hindrance in meeting the need for skilled nursing.

"It has been truly said that Man the citizen is robbed of his birthright, when in his distress we take from him or permit him to relinquish any least part of his power of self-help."

While this is vitally true, yet many jump to the conclusion that only the poor are subject to the moral atrophy, pauperism, and parasitism.

In these days, when the word "graft" is on almost every tongue, it seems as if even those who have wealth, unless they are independent and honest to the core, try how much they can obtain without toiling for it. Pauperism as a vice cannot be laid alone at the door of the poor; for what is pauperism but a desire to obtain something for nothing?

*A paper read before the Michigan State Nurses' Association.

So in our desire to bring comfort and health into the homes of the working man of moderate means, we must not think of pauperism as a vice to which the poor are especially subject, but a vice found in the whole human race, liable to fasten itself on people of wealth as well as others.

At a recent discussion on Skilled Nursing for the small wage earner, one nurse did go so far as to say "that in her opinion there was no cause for anxiety because of lack of good nursing for the family of moderate means." She said in effect: "The nurse ought not to feel as if this burden was her burden. The shoemaker was not anxious that all should be supplied with shoes, the baker did not expect to see that all were furnished with bread." She thought that the public should look after such matters.

Now, it is a well known fact that everybody's business is nobody's business, and unless some one really cares and plans to supply this need and sees that the want is met, it will not be done.

The question then is can we bring physical comfort without endangering the virile stamina of those we wish to help, or infringing upon the right of others? To me it is possible, but could best be accomplished through the co-operation of classes of individuals. Believing if we would really help people, we must do things together, with them, not for them, and that those who truly help their fellow men, love to see them made whole and strong, not weak and dependent, we would suggest the following plan.

Please remember that these are but suggestions which have come to me through observing the social conditions in many homes.

We believe they have a practical value, and could be successfully carried out and that the plan would be equally efficient in a small town or in a city.

This thought came to me first. There is never any great need in the world without a possibility of supplying that need. It is evident that skilled nursing is needed in many a workingman's home. The question then is: How can that need be supplied?

Every laboring man or woman, no matter what his race, condition, color, or creed belongs to some church, some society, some club or some mission. Let each member pay according to his or her ability a fee to his church or club whichever it may be.

Such fees would form a fund to be placed in the hands of the Visiting Nursing Association for the purpose of securing a nurse or nurses according to the amount of the fund deposited.

It may be said, why with the Visiting Nursing Association? Why not let it remain with the society where the fund originated? For this reason: The Visiting Nursing Association is free from political, class, or sectarian prejudices, prepared to work with anyone, interested in the poor, the friend of the laboring man, and capable, because of long years of experience, to deal with a variety of cases in a variety of homes.

If the Association had charge of all fraternity nurses, the different societies would be relieved of the burden such an undertak-

ing would imply and needs would be supplied by those experienced in dealing with them.

Suppose some of you belong to the Modern Woodmen—and the society had such a fund on hand. All that would be necessary for you to do in case of sickness would be to telephone to the Association, and a nurse would be sent to the sick member.

No one of the society would lose either time or sleep, as a skilled worker would be in charge of the case.

It may be said, that many join the societies because of the benefits received during illness, and that the duty ought not to be delegated to another.

True, yet you who believe that the Gospel must be sent to those who have never heard of Christ, know that the skilled worker goes to the foreign country, and that all who make it possible for him to go help equally.

So, one most truly aids a member of his society, when one sees that the sick are cared for by skilled hands.

The burden has not been placed, as it too often is, upon a few.

The presence of a nurse would not hinder any extra assistance the members might desire to give or bring, to show affection or regard.

From a humanitarian point of view, we would all find this arrangement especially helpful, from the fact that everyone who was ill would be cared for, and that would prove a bond, binding us as a people into a universal fellowship.

on the members, varying in amount according to their usual sub-

In case of a greater amount of sickness than usual, if the funds deposited were not sufficient, an assessment could be levied in proportion. Possibly half as much per week or per month as this ought to be able to meet all needs.

This plan for supplying skilled nursing in the homes of the small wage-earners will eliminate any feeling or thought tending towards dependence.

Another plan which might be used to advantage would be the formation of Fraternity or Sorority Clubs, each club raising a sum equal to the salary of a nurse, or more if desired.

It would necessitate more work for the society but might satisfy some people better, who would prefer to have the nurse under their own supervision and employ any particular nurse the club might choose.

Elizabeth Barrett Browning tells us—

“The least flower with a brimming cup may stand
And share its dewdrop with another near.”

We may have little to give toward supplying a nurse for the church or club to which we belong, but if we do our best our best will better grow, and we will have the joy of helping someone else, and yet know we are doing nothing to destroy our self-respect or theirs.

True love manifests itself in being mutually and actively helpful to one another.

Details have been omitted in the given plans, as it seemed to me each society or club of the town using this plan could more easily supply details and thus adjust themselves to their own environment.

FLORA L. NIEMAN,

Grand Rapids.

District Nurse.

THE CANADIAN NURSES' ASSOCIATION.

The second lecture of the course of the Canadian Nurses' Association was held on Tuesday evening, Jan. 5th, in the Medico-Chirurgical Society's rooms.

The President called the meeting to order at 7.30. The minutes of the last meeting read and adopted and two members were added to the roll.

At 8 o'clock, Dr. H. D. Hamilton (specialist for diseases of nose, throat and ear), delivered a very interesting and beneficial lecture. He demonstrated the use of the post nasal syringe, its danger if ignorantly used and its value if introduced with skill and knowledge. A warning was given to be firm and gentle when operating with children as one of these virtues was not sufficient in itself, but both were needed to bring about the desired effect. Many other valuable suggestions were given that will be most helpful in our sphere of work. After which the social cup of coffee was enjoyed and the meeting brought to a close.

A short time ago a meeting of graduate nurses was held at the residence of Miss Purvis, when an association was organized to be known as the Brockville Graduate Nurses' Association. The following officers were elected:

Hon. President—Miss Bennett.

President—Miss Margaret Carson.

Vice-President—Miss Katherine Purvis.

Secretary-treasurer—Mrs. V. A. Lott.

The president, vice-president, secretary-treasurer, together with the Misses Ringer and Bates will constitute the executive committee.

A special meeting was held on Wednesday, Nov. 25th, at the home of the president, with an attendance of fourteen members, when matters of much importance were discussed.

The object of this association shall be the maintenance of the honor and character of the nursing profession and the promotion of unity and good feeling among the members. The next meeting will be held at the General Hospital on Tuesday, Dec. 22nd, at 4 p.m.

Hospitals and Nurses

Mrs. Grace Neill of New Zealand, who has done so much for the nursing profession there is now residing in Butte, Montana, with her son.

Miss Anna A. Hawley, V.O.N., head nurse for the past eighteen months of the Queen Victoria Hospital, Yorkton, Sask., has been transferred to the superintendency of the Lady Minto Hospital, Minnedosa, Man.

This hospital which has recently been erected, will be officially opened in a few days. In the meantime Miss Hawley is spending a short holiday in Winnipeg, a guest at the Royal Alexandra.

Previous to Miss Hawley's departure from Yorkton she was the guest of honor at a large, delightful "At Home" at Holy Trinity Vicarage. A pleasing feature of the evening was the presentation to Miss Hawley by Rev. F. C. Cornish, on behalf of the Junior W.A., of beautifully bound copies of "Church Service," suitably inscribed as a token of their esteem and affection.

In making the presentation, Mr. Cornish expressed the regret which all felt in losing Miss Hawley from their midst—the hospital an efficient, faithful nurse—Holy Trinity, a loyal staunch churchwoman, and an enthusiastic worker. He assured her that the best wishes of hosts of friends followed her to her new field of duty.

In reply, Miss Hawley feelingly thanked the donors for remembering her in such a thoughtful, tangible manner—equally did she appreciate the loving thought which prompted the gift and the kind words accompanying it. She expressed sincere and keen regret in severing her connection with the Queen Victoria Hospital and Holy Trinity Church. She referred to the cordial greeting which had been given her on arrival many months before—a stranger—the utmost kindness she had been shown since—and that in her heart there would ever remain a warm corner for the people of Yorkton.

In speaking more personally to the Auxiliary members, she said there was an undercurrent of sadness in the thought of meeting with them no more—that she had been very, very happy in her membership with the Yorkton branch and though she went into a new field of duty to another diocese, her thoughts would often be with them, and she would ever be interested in all their work. She congratulated them on what they had accomplished in the past and felt confident with God's continued blessing they would go on to even "greater things" and be a source of great strength in the parish.

She heartily thanked the president and hostess for the compliment of the evening—the Vicar for his kind words and told the Auxiliary girls that the pleasing souvenir would ever be a charming, valued reminder of her sojourn amongst them and of their work together.

Miss Hawley was also the recipient of a valuable gold clock from the Queen Victoria nursing staff, and a five o'clock tea set from the employees of the institution.

At the December meeting of the Alumnae Association of Winnipeg General Hospital, officers for the management of the Journal were appointed as follows: Literary Editor—Miss M. A. Coltart, Winnipeg General Hospital. Business Editors—Mrs. Bruce Hill, 290 Langside St., Winnipeg; Miss Kate Cotter, 278 Sherbrooke St., Winnipeg. Editor Personal Column—Miss Inga Johnson, Winnipeg General Hospital. Manager Mailing Department—Miss Mabel Gray, Winnipeg General Hospital.

Mrs. J. Hamilton, of H.S.C., gave a very instructive talk to a class of fourteen nurses in the operating room on the 6th Jan., '09. Subject—"The Nurse on Private Duty."

Miss Hersey, who has been acting superintendent of the Royal Victoria Training School for Nurses, has been unanimously appointed to the permanent position of Lady Superintendent by the House Committee and Medical Board of that institution.

Miss Gilmour (R.V.H.), who spent last summer in one of Dr. Grenfell's hospitals in Labrador, left Montreal early in January to take up Settlement work in New York.

Miss Fairservice (R.V.H.), who has been doing private nursing in New York, has returned to Montreal and is in charge of a ward in the Royal Victoria Hospital.

Miss M. L. Mellefont has been sent to Brockville, Ont., to open the branch of the Victorian Order there, and Miss U. King, to Galt, Ont., to begin the work in that town.

Miss Teresa McCutcheon has been appointed senior nurse in the Ottawa Home.

Miss Alberta Clarke is Miss Eastwood's assistant in the Toronto Home.

The Emmanuel Church, Montreal, in conjunction with the Montreal Branch of the Victorian Order of Nurses, has started a Tuberculosis Class on the lines laid down and followed so successfully in Boston by Dr. Pratt. Miss Davidson, a V.O. nurse, is the visiting nurse for this class.

A correspondent from British Columbia writes: "Is it true that the Ontario nurses have been given legislative protection this year? If so, would you kindly send me any printed matter you have on the subject. We certainly need legislative protection here. British Columbia has a floating population. Many nurses come here from the Old Country, Australia, and other places. Some are of high standing, others perfect shams. All other professions insist on a six months' residence, and the passing of a provincial examination. Why shouldn't we? Wish you would spend your next holiday in B.C. It would be more satisfactory than letters."

The meetings of the Trained Nurses' Club of Victoria, B.C., are held on the first Tuesday afternoon of each month at 3.30 p.m. The membership is thirty. After the business for the month has been settled, and lecture given, the members enjoy a cup of tea. Each month one nurse supplies tea, cream and another cake.

While we sip tea, we have a social chat before adjournment. The "Club" is not new, having been organized February 8th, 1905.

The following nurses have passed the examination in anatomy and physiology at the General Hospital, St. John's, Newfoundland: Myra Taylor, Marion Macdonald, Ada Hubley, Bertha Horsey, Grace Gardner. Forty-five per cent. pass. The General Hospital at St. John's, Newfoundland, is now occupying two new wards with twenty-two beds in each, and they look very nice.

Miss Anna Hawley goes to Minnedosa to take charge of the new Lady Minto Hospital there, Jan. 15th.

Miss Anna White is the Superintendent of Queen Victoria Hospital, Revelstoke, B.C.

The new Calgary General Hospital has now its roof on, and the work of finishing is being proceeded with from inside. The opening is hoped for in August. When fully completed and equipped, there will be 225 beds. The new hospital has the most beautiful situation, on a lovely grassy plateau above the bench overlooking the clear, ice water of the rapid Bow River, to which the grounds slope in a series of benches, in view of St. George's Island and the City of Calgary. On the west, the view is more than superb, for stretching in a direct line of horizon from north to south are the magnificent peaks of the Rocky Mountains. Simply the sublimest view in the world, one that brings peace and rest to the weary and a veritable mine of ever-changing light and shade to cheer and interest the convalescent. The Woman's Hospital Aid of Calgary are undertaking the task of furnishing it as far as possible, and the Girls' Auxiliary hope to be able to furnish and keep in supplies the children's ward. Under Miss Jessie Scott (T.G.H.), as the matron of the present hospital, the work has increased so rapidly that it will be a great relief to all in the work, when the new hospital is ready for occupation.

On December 23rd, the staff gave a Christmas tree for the patients and nurses, the Girls' Auxiliary supplying presents for all.

The annual Christmas tree festivities at Jeffery Hale's Hospital which, according to custom in this institution, are shared by the nursing staff and patients, were held on the 22nd Dec., and were pronounced universally successful. The guests, who included in their number the medical staff, graduate nurses of the training school, and a large number of representative citizens and others interested in the work of the Hospital and the Training School, were received by Miss Molony, the Lady Superintendent, and her assistants, in one of the handsome wards of the McKenzie Memorial Building, which was charmingly decorated for the occasion. Santa Claus was of course on hand, in most cheery mood, and distributed liberally from a most judiciously chosen store of Christmas gifts and characteristic "quips." A programme of choice music was rendered by friends of both sexes, in a manner that would have graced a far more preten-

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tious stage: A "Pierrot" performance in particular meriting the loud encores with which it was greeted. Advantage was taken of such a large gathering to present to two graduating members of the Training School—Miss Margaret West, Quebec, and Miss Effie Dixon, Montreal—their diplomas and medals on completion of their course, and passing of satisfactory examinations. A suitable address, especially devoted to the graduating nurses, was made by the Rev. A. T. Love, the diplomas being presented—in the absence of the President—by one of the Governors, Mr. John Hamilton, and the medals were pinned on by the Lady Superintendent.

Miss Helen Hunter, Jeffery Hale's Hospital, Class '04, has recently been appointed Lady Superintendent of the Red Cross Hospital, New York, N.Y.

Miss Shaw, Assistant Lady Superintendent, Jeffery Hale's Hospital, spent the Xmas holidays in Montreal.

A Diet Kitchen has been recently equipped and put into running order, at the Jeffery Hale's Hospital, under the excellent supervision of Miss Mary Shaw, M.G.H., Class '05.

Battleford General Hospital had in September and October twelve typhoid fever cases. One family of eight children. All recovered but one little boy, and he had several hemorrhages, which proved fatal. Two probationers have recently entered the hospital. They are both thinking of training afterwards in a larger hospital.

The first meeting of the Winnipeg General Hospital Alumnae Association in the year 1909 took place at the Nurses' Home of the Hospital on January 6th, and was social in character. In spite of the severe weather, about thirty nurses were present. Mrs. Moody and Miss Wilson presided at the prettily decorated table, and during the afternoon some delightful music was given by various member of the Association.

The Winnipeg School Board has decided to institute a system of medical inspection of school children. This will necessitate the employment of one or more nurses. No appointments have, as yet, been made.

Miss Helen Stewart, of Winnipeg, has accompanied her patient to Florida.

Miss Nora Blott, of Winnipeg, and her patient are comfortably installed for the winter in a pretty cottage at Long Beach, California.

Miss Warren has accepted a position in the tuberculosis wards of the Winnipeg General Hospital.

Miss Macy and Miss Lloyd, of the class of 1908 (W.G.H.), left for Fernie, B.C., on January 7th. They have been appointed to positions on the staff of the new hospital.

Miss Guthrie, formerly head nurse of the Isolated Department, W.G.H., has been appointed Lady Superintendent of the General Hospital, Dauphin, Man.

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A very charming presentation was made to Miss Hodgson by the head and pupil nurses of Lakeside Hospital, Cleveland, of a tea set of Nippon china in a most unique and beautiful design. Miss Hodgson finished two years and a half in the hospital on Christmas Eve, when the presentation was made. Miss Hodgson is appointed superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D. C. She was nominated to this important position at the meeting of the Medical Board held on January 16th and expects to leave Toronto on February 2nd to undertake her new duties. The hospital which has secured Miss Hodgson's services is greatly to be congratulated and the affectionate good wishes of all who know her will follow her to Washington.

At the annual meeting of the Alumnae Association of the R. V. H., Montreal, held some time ago, much regret was felt that Miss Gilmour, the president for some years past, declined re-election. Miss Grant was unanimously chosen to fill the position, and Miss Gilmour and Miss Goodhue were elected vice-presidents. The other officers remained as before. At a subsequent meeting Miss Gilmour, who spent the summer in Dr. Grenfell's hospital at Battle Harbor, Labrador, gave a most interesting account of her work there and showed photos of the place and surroundings. Her talk and vivid description of people and places was much enjoyed by those present.

Miss Whelan, graduate R. V. H., Montreal, has gone to Manilla to take charge of a hospital there. She expects to remain at least a year.

The Alumnae of the Sick Children's Hospital are very pleased to welcome the new graduates to the Alumnae. Three of the members availed themselves of the weekly benefit of S. B. F.—Misses Kirkby, J. Hamilton and B. Goodall.

On Christmas Eve the hearts of the patients at the Western Hospital, Montreal, were cheered by kindness of Mrs. Darling and staff of young ladies, who distributed fruit and dainties nicely basketed to those able to enjoy them. To others too ill to accept these other little tokens were left and a general air of kindness and good cheer was felt by all. The nurses also enjoyed Christmas festivities on Christmas Eve at their home on Roseberry Ave. A tree was dressed with suitable decorations and the mail that had come for them during the day was then distributed along with gifts from some of the patronesses of the hospital. Refreshments were served and a very jolly evening spent, and the "first Christmas away from" lost considerable of its supposed and expected horrors. At breakfast in the morning the dining-room was discovered gaily trimmed—surely by the master hand of the season's saint himself.

Miss N. Johnston, T. W. H. '03, is in charge of the new hospital at Orillia, which is said by those who were present at the opening to be a gem in the way of equipment. Miss Johnston is especially well fitted for carrying forward successfully the work in this new field.

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The Edmonton Association of Graduate Nurses held their annual meeting at 458 8th street, on January 13th. The following officers were elected for 1909: President, Miss Mitchell; 1st vice-president, Miss Beattie; 2nd vice-president, Miss Morkin; secretary-Mrs. Manson; treasurer, Miss Bufton. There were ten meetings held during the year with a fair attendance. During the winter months we are having a doctor lecture at each meeting.

To the Rev. Canon Kittson,
Chaplain, Ottawa Branch, G.S.B.
Dear Canon Kittson.

At the last meeting of the Canadian District Council of the Guild S. Barnabas, held in Montreal November, 1908, it was decided to forward to you this letter expressing the sympathy and sorrow of the Council over the recent loss by death of your Superior, Mrs. Houston.

Yours sincerely,

M. VERNON YOUNG,

Secretary, C.D.C., G.S.B.

59 Park Avenue, Montreal.

BIRTHS.

At Battleford, Sask., Dec. 2nd, to Dr. and Mrs. Millar, a daughter. Mrs. Millar was Miss McKim, T. W. H. '04.

At 72 Dewson St., Toronto, on Friday, Oct. 16th, 1908, to Mr. and Mrs J. K. Bell, a daughter. Mrs. Bell was Miss Ethel Warne, graduate of Western Hospital, Toronto, class '04.

To Dr. and Mrs. H. R. Brighter, Exeter, Ont., Nov. 21st, a son. (Nee Miss Gunn, Toronto Western Hospital, class '02.

Blair—McDowell—At Little Current, Manitoulin Island, on Sept. 16th, Bertha S. McDowell, graduate of Royal Alexandra Hospital, class '06, to John K. Blair, M.B.

MARRIED.

Long — Hines.—On December 26th, 1908, Miss Harriet Hines (Class of 1906, W.G.H.), to Mr. C. E. Long.

Hughes — Latimer. — In Winnipeg, Thursday, December 31st, 1908, Helen N. Latimer, graduate of the Lady Stanley Institute, Ottawa Class 1905, to Mr. George Edgar Hughes.

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ISSUED JAN. 3, 1906

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THE COWAN MISSION.

The Cowan Mission gave their annual Christmas tea and concert at the General Hospital, St. John's, Newfoundland, on Dec. 29th last. The Cowan Mission is a band of ladies whose sole aim is to alleviate suffering and to bring good cheer to those in need, and operate solely in connection with the Hospital.

Each week two members visit the institution and by kind words, the distribution of the wholesome literature and some little delicacy prove to the afflicted that they have not been forgotten. Tuesday afternoons when the visits are made, are looked forward to by patients and missionaries alike. Not a week is passed over; rain or shine the ladies whose turn it is fulfil their duties cheerfully and unmindful of personal inconvenience.

At Christmas time a special effort is made to give the inmates a pleasant time. A present had been provided for all. Pipes and tobacco were distributed to the men, while handkerchiefs and aprons were given the women. They were done up in parcels, each being addressed with the name of the person for which it was intended. In this connection, the nurses and other officials were not forgotten, each receiving some slight memento of the occasion.

Apart from their hospital visitations, the erection and maintenance of the Convalescent Home is a standing monument of the Cowan Mission. Every day the benefits of this institution are being felt. Many women on completion of their treatment at the hospital are not strong enough to resume work, and can remain in the Home for three weeks. Others who do not require medical attendance but simply rest and dieting have also been taken in. The upkeep is provided by the Mission by the social events they arrange from time to time which means constant work. They will gladly receive donations of money or goods, and the charitably disposed could not help on a better cause than it.

At present there are 78 patients in the hospital but recently there were a score more. The care of such a large number requires the constant attention of the nurses and they find but little time for anything but professional duties. In Miss Southcott, the Nursing Superintendent, the Hospital has a lady of great ability and one well adapted to the responsible position. She has extensive experience on both sides of the Atlantic and is in every way qualified for the post. Miss Hannaford is an able assistant, also of wide experience. They work harmoniously both aiming to give the inmates every benefit of their knowledge.

The staff of regular nurses and probationers is larger now than ever but the work is steadily increasing. These young ladies imbued with the desire to benefit others are obliged to make many sacrifices. Their work is not always the most pleasant; still the task is performed graciously. Love for the work is the great essential in such a profession. Miss Southcott and Dr. Shea say that a more painstaking and competent staff it would be difficult to find, and all are giving the greatest satisfaction. The nurses are:—

Miss Alice Carey, Miss Clara Edgar, Miss Grace Gardner,

PNEUMONIA

IN PNEUMONIA the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, lest, becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited.

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applied to the chest wall, front, sides and back, hot and thick, stimulates the action of the phagocytes and often turns the scale in favor of recovery.

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The patients speak in the highest terms of the treatment received at the hands of these young ladies, as they spare no pains or trouble to make those placed under their care by sickness or accident, comfortable and happy.

TORONTO CENTRAL REGISTRY COMMITTEE

The regular monthly meeting of the Toronto Central Registry Committee was held at 644 Spadina avenue on Monday, Jan. 4th at 8.15 p.m. The Registrar's report was as follows:—Amount in savings bank, \$515.14; current account, \$74.32; in hand, \$15.50. Number of nurses on list, 278; registry calls for Dec., 1908, 113; personal, 31; total 144. Unanswered, 3. There were 3 applications for membership in C. Reg. accepted.

Miss Barwick's resignation was before the committee. At their request she consented to retain the registrarship with an assistant (graduate nurse).

An advertisement for Assistant Registrar has been sent to "The Canadian Nurse."

THE MAC TRAINING SCHOOL.

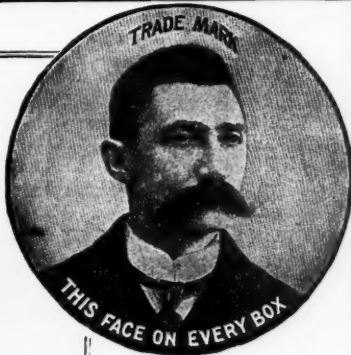
The graduating exercises of the Mack Training School for Nurses, in connection with the G. and M. Hospital, St. Catharines, were held in the court-room on Nov. 25th, 1908, when four of our nurses received their well earned medals and diplomas.

Miss Laura Gilmore, Miss Lottie McDougall, Miss Jessie Wallace, and Miss Idessa Huber, being the fortunate recipients.

After a short but very enjoyable programme, consisting of music and speeches, the medals were presented by Mrs. John Moree, "President of the Ladies' Aid," and the diplomas by Mayor Campbell. After which the valedictory was very nicely given by Miss Jessie Wallace. Then came flowers and congratulations from a very large number of friends, far and near. Once more Miss Hollingworth has sent out a fine class of girls, perhaps exceptionally fine this year, to her be the credit due, both in her selection and training of the nurses.

Miss Gilmore, Miss Wallace and Miss Huber remain on the nursing staff of the hospital for a time at least. Miss McDougall is doing private nursing at Welland, Ont., and making her home when off duty with Dr. and Mrs. Garner.

Miss Maude Tindale, graduate of Grace Hospital, Toronto, has taken a position as Head Nurse in the Deaf and Dumb Institute, Belleville, Ont.



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Miss Hattie M. Putnam, graduate of Grace Hospital, Toronto, has taken a position in Saratoga General Hospital, Saratoga Springs, New York, as Night Superintendent, assuming her duties from Nov. 1st, 1908.

Dr. and Mrs. George McPheedran (nee Miss McNish, T.G.H., 1901), have sailed for their chosen field of work in India.

Miss Lottie Lawson and Miss Switter have gone to the mission field in China under the auspices of the Canadian Methodist Mission.

The Annual Conference of the Association of Nursing Superintendents of India was held in Bombay on December 10th.

The number of delegates present were fewer than had been expected, owing to some who were to have come finding it impossible at the last moment.

Miss Mill, Lady Superintendent, St. George Hospital, Bombay, read a paper dealing with "The difficulty of obtaining suitable European candidates for training. Its cause and how we may overcome it."

Miss Wason, Lady Superintendent, Cama Hospital, Bombay, gave a short paper dealing with "The training of Indian girls as nurses, should it differ and how from that of Europeans."

Mrs. Klosz sent a paper on "The place of the Indian Nurse in Social Service."

Miss Tippetts, Superintendent Sister, Mayo Hospital, La-

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T. D. TAGGART, M.D., (Jefferson Med. College).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Coll.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.)

FRANK B. BAIRD, M.D., (University Pennsylvania)

WM. EGBERT ROBERTSON, M.D., (Associate Professor of Medicine, Medico-Chirurgical College.)

ELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic Institute.)

EDITH W. KNIGHT

MARGARET A. ZABEL (German Hospital, Philadelphia Penna. Orthopaedic Inst.)

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MAX J. WALTER, Superintendent

here, sent a paper dealing with "The necessity for Registration of Nurses in India," and suggestions as to how this might be accomplished.

All these papers will be printed in full in the Annual Report of the Association, which will be published early in 1909. Copies may be had free by applying to the Hon. Secretary, care of Miss Martin, St. Catherine Hospital, Cawnpore.

It was decided to form an Association for trained nurses in India, to be called "The Trained Nurses' Association of India," having as its object:—

- I. To promote a sense of esprit de corps among all nurses.
- II. To uphold in every way the dignity and honor of the nursing profession.
- III. To enable members to take council together on matters affecting their profession.

Nurses wishing to join this Association can have further particulars by applying to Miss Thorpe, Y.W.C.A. Rooms, Zahur Bakhs, Lucknow.

The need for a Nursing Journal for India was considered. All present were in favor, and it was decided, that steps be taken to raise sufficient money to guarantee the Journal for one year. As soon as this is accomplished, the Committee will consider details.

THE REPUBLIC AND THE BALTIC.

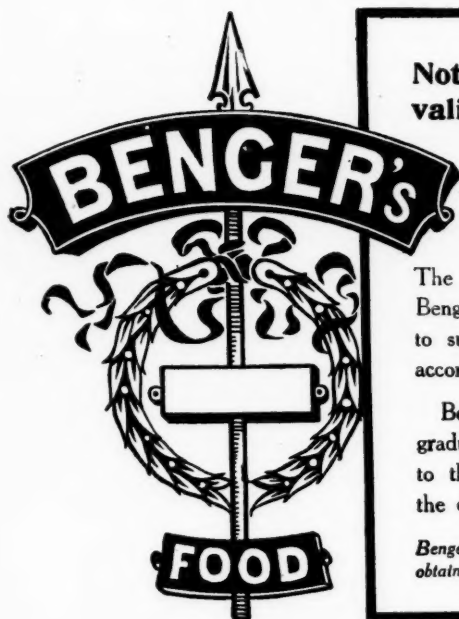
We regret that the present issue is a few days late, but our readers will forgive this when they learn that the delay was chiefly so that we could publish Miss Tweedie's brief and touching account of the collision. Many other interesting incidents should have been narrated if time and space allowed. On Sunday morning there was a thanksgiving service on board the Baltic, led by clergymen who were among the passengers, in which all the rescued joined. One of the clergymen was Dr. Snively, of Chicago, a relative of Miss Snively's, of the Toronto General Hospital. Many marvellous escapes occurred. None was more remarkable than the escape of a mother and little baby, whose state-room was wrecked by the bow of the Florida. The Florida's big anchor was driven right into their state-room, almost touching the berth, but mother and child were safe and unharmed.

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Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

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The Nurse's Library

"The Nurses' Alumnae Journal," of the Winnipeg General Hospital, is always a welcome visitor. The December issue contains two articles of special value,—a letter from Miss I. M. Stewart, who is taking the Hospital Economics Course at Columbia University, full of sparkling interest and good ideas, and an editorial on certain interviews from a British lady, Mrs. Cran, who has been visiting the North-West. "Mrs. Cran's charge is that the women of the West are not able to obtain proper nursing care. Much as we may dislike to acknowledge it, we ourselves know in our hearts that her charge is true. What is to be done about it?" The Editor speaks of the Victorian Order and other efforts we have made in Canada to remedy this state of affairs, and concludes: "Remedy there must needs be, and quickly."

"Minor Maladies and Their Treatment," Leonard Williams, M.D., M.R.C.P. (London: Bailliere, Tindall & Co.) The second edition of this admirable book is a welcome visitor. The very things one needs to know about most often are here—things that the experienced doctor knows so well that he does not think of mentioning them. Colds, sore throats, headache, indigestion, constipation, etc., all are dealt with in a satisfactory manner.

"Heredity, Variation and Genius," Henry Maudsley, M.D. (London: John Bale, Sons & Danielson, Oxford House, Oxford St. W.) Dr. Maudsley's great reputation, experience, and charm, both of matter and style, secure a welcome for any book of his. The pendulum has at present swung far to one side on Heredity, and Dr. Maudsley's views are thus all the more timely. Other essays on "Shakespeare" and "Medicine" add to the value of the book.

"Obstetric and Gynecologic Nursing," Professor Edward P. Davis, of the Jefferson Medical College, Philadelphia. \$1.75. (London and Philadelphia: W. B. Saunders, Toronto: J. A. Carveth & Co.) The third edition of Professor Davis' well known text-book has been revised and enlarged. The book has already been favorably reviewed by us on the issue of the two former editions and we have pleasure in again commending it most cordially to our readers. It is an excellent text-book.

"Observation of Symptoms," Alfred I. Hawes, M.D., \$1.00. (Boston: Whitcomb & Barrows.) This is an excellent book of reference for a nurse, inasmuch as no part of her duty is more important than the observation and recording or reporting of symptoms. It is remarkably well printed and bound.

"Modern Medicine," Vol. V. Edited by William Osler, M.D., Regius Professor of Medicine at Oxford, and Thomas McRae, M.D., of the Johns Hopkins University. (Philadelphia and New York: Lea Brothers; Toronto: D. I. McNish & Co.) But two volumes now remain to appear of the seven promised in this fine series. The present volume is on Diseases of the Alimentary Tract, and is in every way worthy to take its place with the others. Among the monographs is one on Diseases of the Peritoneum, by Dr. Rolleston and Dr. Sargent, of London.

"Clinical Lectures on Neurasthenia," by Thomas D. Savill, M.D., Lond. Fourth edition. (London: Henry J. Glaisher, Cavendish Square; New York: William Wood & Co.) Dr. Sewell is a well known authority on Neurasthenia and was one of the first to recognize the importance of enquiring into antecedent conditions which might be, so to speak, the basis of the disorder, sometimes physical and sometimes mental, and often both. The book is comprised in eight chapters, one of which is an analysis of over one hundred cases. This is a volume which would be a welcome addition to a nurse's library.

"Essentials of Medicine," Charles Phillips Emerson, M.D. (Philadelphia and London: The J. B. Lippincott Co.; Toronto: J. A. Carveth & Co.) No one who knows Dr. Emerson but experienced a feeling of joy when this book was announced. Everybody is glad that he has written it. For a nurse or a medical student this book is simply a boon. I fone can learn wisdom from a book it can be learned from this book. Many of us know something, but we hardly know that we know it, so indfinite, inaccurate and unsure are we. This book is clear, strong and natural. It deals only with important things and tells them in the right way and puts them in the right place.

"Physical Education and Hygiene," by W. P. Welpton, B.Sc., Master of Method in the University of Leeds. 4s. 6d. (London: W. B. Cline, the University Editorial Press, 157 Drury Lane, W.C. This is a scholarly work, in which the author regards his subject from a wide outlook and yet does not forget the practical side. The first chapter is historical, and is refreshing and helpful. The physical basis of life, the nervous system, fatigue, exercise, growth, air, the eye and finally abnormalities—these and many other topics are discussed in an adequate and interesting way. For teachers and school nurses the book is invaluable.

"Nursing the Insane," by Clara Barrus, M.D. (London, New York and Toronto: The MacMillan Co., \$2.00.) We are slowly awakening to the importance of "Mental Nursing," as it is sometimes called. Fifteen years' experience and a kind and just spirit have qualified the writer for her task. She says truly that the nurses who minister to a mind diseased would need to be only "a little lower than the angels." To all interested in nervous and insane patients, and indeed to all nurses this book will be found thoughtful, stimulating, informing, and of daily value in our work.

The W. B. Saunders Company (Toronto: J. A. Carveth & Co.), have just published two useful and appropriate reference handbooks for nurses at \$1.25 each, bound handsomely in flexible red leather. The first is "A Reference Handbook for Nurses" (2nd edition), by Amandak Beck. It contains brief notes on everything one can think of that a nurse needs to know, in the shortest form. It is admirably practical. The second is by Dr. Catherine Macfarlane, of Philadelphia, and is a "Reference Handbook of Gynecology." It has grown out of a series of lectures delivered by the author to the nurses of the Woman's Hospital of Philadelphia. The book is a good one and we commend it cordially to our readers.

Minor Medicine

By W. E. WYNTER, M.D.

Physician to Middlesex Hospital,
London, Eng.

This new book on the treatment and prevention of the many minor disorders which come under the nurse's notice will be received with much satisfaction. Besides all the minor ailments, such as Heart-burn, Sprains, Cracked Lips, Bilious Attacks, etc., etc., there is a section on general health and diet.

"As a book of reference in the nurse's library it will fill a place of its own that no other book, so far as we know, can fill anything like as well."—*The Canadian Nurse*

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. V.

TORONTO, MARCH, 1909.

No. 3

A NURSING PROBLEM OF THE WEST

It has been the fashion of late years for magazines, American and otherwise, to send women correspondents on tours of this Last Great West which from a masculine point of view has been exploited almost to weariness. But a woman sees it all differently. She may not have the breadth of the masculine vision but nevertheless she sees phases of life among the women of the West which must of necessity be hidden from the eyes of the keenest male observer.

During last summer two women qualified to speak with more or less authority travelled through Western Canada—Miss Agnes C. Laut, who requires no introduction to Canadians, and Mrs. Cran, a representative of the Ladies' Field and the Bystander, who was brought out by the Dominion Government to study industrial conditions among women in Canada with a view later of encouraging immigration of young English women.

At a luncheon tendered her in Winnipeg by the Women's Canadian Club, Miss Laut spoke among other things of the dearth of nursing care for poor women in the more thinly settled parts of the West. She took the point of view (and most justly) that every child has the right to be "born well"—that is to say that the best of nursing care should be afforded both to mother and child at that critical time when their whole future is at stake, whether they are able to pay for it or not. Miss Laut regarded this matter as of national importance, and who can assert that it is not? She asserted boldly that these women are not given a fair chance, that they do not, and under present conditions cannot receive anything approaching adequate care and assistance.

Mrs. Cran in an interview given to a reporter of one of the Winnipeg dailies made practically the same statement. She implied, moreover, that the members of the nursing profession in Canada had failed to meet the situation and suggested a plan whereby the difficulty might be overcome independently of them.

It is never pleasant to be told of one's faults even in the kindest manner, but it is exceedingly wholesome, and the nurses of Western Canada must needs take some rather hard raps with as good a grace as they can muster.

First let us see what grounds there are for supposing conditions to be as bad as these ladies intimate, and next let us examine ourselves strictly to find wherein we have failed to remedy them.

It hardly requires much argument to show that something is radically wrong. Those of us who have worked in the

gynaecological wards of any large western hospital need no further argument to convince us that women are not cared for as they should be from an obstetrical point of view. Nurses in small western hospitals can also give some experiences at first hand which are tolerably ugly. To take one instance in the writer's personal experience: A woman thirty years of age, English by birth and possessing both education and refinement, was brought in to the hospital (the usual type of small western institution) lying on straw in a wagon box, twenty-two miles over an unspeakable trail. She had been confined three days previously. No doctor had been present. They had no neighbors within ten miles. Her husband had cared for her as best he could, had done the necessary housework and looked after two children under seven years of age. On the second day she had attempted to get up to rescue the youngest child who was crawling about too near the hot stove. The result was a severe hemorrhage. It is not necessary to go into further details other than to say that on the seventh day she died in the hospital, crying out with her last breath against this cruel, lonely West. This object lesson left an ineffaceable impression on the writer's mind, the more so because her particular hospital refused to take obstetrical cases unless they could afford to pay. It will of course be said that the woman's husband was to some extent responsible. But was he? They were living in a shack on their homestead. They had been out from England a year. They were struggling against debt and homesickness. The crop had been a bad one. In other words, they had the bare necessities of life and no more. They could no more afford to pay for a nurse and doctor than they could fly. And the hospital did not take free obstetrical cases. There you have the matter in a nutshell. It cannot be said that cases like the above are by any means rare. Any country doctor can match it from his own experience time and time again.

Here, then, is one factor in the solution of our problem—that every western hospital be compelled to take obstetrical cases, especially such as cannot afford to pay, and also, that the Provincial Government make a grant to the hospitals to cover the expenses of such patients, and if necessary assist the municipality with funds for the erection of a building to accommodate them.

Even supposing this particular reform is made, much yet remains to be done. By no means all women can or will leave their homes for the hospital at this time. Here is the crux of the situation. The problem now is double—the domestic side intrudes itself here as it does in all phases of nursing. Private nurses in the West know to their cost that a case in a farmhouse of the poorer sort usually entails not only the care of the patient night and day but the responsibility of the domestic menage as well. With all due deference to our literary critics, this is too heavy a load for the average woman to bear. We bear no malice either to Mrs. Cran or Miss Laut, but we must express an ardent desire to see them attempt this dual role in their own proper persons for the short space of one week. At the end of that time we feel sure that these ladies would acknowledge the fact that no one human being can conduct a maternity

case with one hand as it were, and get the children ready for school and put out the washing with the other. It is not a matter of a nurse being above housework. Tasks fall to the lot of every nurse beside which the most menial domestic drudgery might be deemed aesthetic. It is simply a matter of physical incapacity. True, Mrs. Cran assures us that she can send out young Englishwomen trained for "from three to six months" in English obstetrical hospitals who will be able to assume this Herculean task. She even promises that a doctor need only be called in at the discretion of this lady of "from three to six months' training." These accomplished persons will have but one drawback—"they will very likely marry." We should say they would—the men of the West know a good thing when they see it. All this, however, is not relevant. It seems to the writer that this question of nursing these women in their homes will be met in the long run by an extension of the sphere of the Victorian Order of Nurses. The domestic side of the question should not be shouldered off upon the nursing profession entirely. They have sufficient responsibility already. The problem of domestic help for women on western farms appears far from solution. This is a matter which all organizations of women throughout the country would do well to ponder on. Some day perhaps an enlightened and paternal government will see fit to appoint a Royal Commission to investigate this question which bears upon the living fibre of the nation and not on its material resources only. It is, conceivably, as important as the building of railways or the conservation of forests, only it takes a long time for a male government to see it in quite that light.

No Royal Commission is needed to enquire into one particular problem. Our way lies very plain before us. The scope of the smaller hospitals must be increased and the work of the Victorian Order or some other order along its lines must be greatly extended. This means volunteers, and it means money. Both surely will be forthcoming. In the West most women who practise the profession of nursing do so for two reasons—first because the work appeals to them, and second because it affords them a means of livelihood. Many of them not only support themselves but have others more or less dependent on them. If western women are to do this work, then it cannot be as a pure philanthropy for the good and sufficient reason that they cannot afford it. Whatever scheme is adopted will require considerable outlay at the beginning, but in time if properly conducted the enterprise might be partly self-supporting.

Pioneer life is hard at best, hard enough for the men and cruelly—sometimes unbearably—hard for the women. Still, hard as it may be, there are now, and will be for many years to come, men and women who having set their hands to the plough in this last west, will not turn away until the furrow be completed. New country is opened up every year—our task only grows the more difficult for being put off. Our critics notwithstanding, we have done much. The Victorian Order has done nobly, the pioneer nurses in small western hospitals have done much. All honor to them both. Most of all, the private nurses deserve every praise. Many of them take their cases as they

come and go as cheerfully to a desolate farmhouse as to a rich Winnipeg home. But it is not fair to thrust the burden on individuals. We should take counsel together, East and West, and find out how best we can answer, and quickly, the exceeding bitter cry of our pioneer sisters of the West for help and succour.

E. JOHNS.

THE HOSPITAL ECONOMICS COURSE

In spite of the prominence that has been given to this course, in nursing journals, there seems to be even in our own profession a general vagueness as to its real scope and purpose. The bewildered laity, if they discuss the matter at all, probably share the views of the New York physician, who assured me not long ago that he entirely approved of a course in economics for nurses — he thought we were inclined to be dreadfully extravagant!

The idea of this course originated, as most of you know, with the American Society of Superintendents, the purpose being to secure greater uniformity and higher standards in nursing education, and to place the hospital training school on a par with other professional institutions.

The time is past when the "born" nurse is considered the superior of the trained nurse, and the self-trained teacher in our schools and colleges is happily a rarity. Yet the "born" manager and the "born" instructor still reign, more or less efficiently, in our schools of nursing. It is no reflection on our many excellent superintendents and head nurses to say that an early instruction in the principles of administration and organization, also in the fundamentals of teaching, would have spared the best of them much bitter experience, and would have incalculably benefited the institutions at whose expense, often, they gained their efficiency.

The selection of a general college where all these different branches could be developed, would appear to be a very difficult proposition, and yet Teacher's College seems in every way eminently fitted for the undertaking. It is unique among educational institutions, in that it combines educational theory and practice, with formal instruction in the subject to be taught—a sort of technical and industrial school and normal school in one. Being affiliated with Columbia University, it has also the advantage of selected arts courses, so that it is qualified to graduate not only general teachers, from kindergarteners to college professors, but all kinds of special instructors in domestic science, fine art, physical education, even to instrumental music. The college has an international reputation for advanced educational methods, its staff including several eminent authorities in various departments.

The regular course at Teachers' College is two years, a certificate being given at the end of the first, and a diploma at the end of the second year. Pupils with special qualifications may complete the work in one year.

Nurses who are unable to take the regular course, will find a great deal of work covered by the first year's curriculum. Some of the subjects are compulsory, some elective, so that the student who wishes to specialize in executive work, or teaching, or social work, may choose such a programme as she and the adviser consider best suited to her purpose.

Domestic science is a subject which is exceedingly well represented, as a glance at the prospectus will show. One can learn almost everything that is known about foods, from the preparing and serving of the simplest dishes, to the higher technical and scientific work along these popular lines.

Biology and bacteriology are also peculiarly well adapted to the needs of the nurse. They are the same old subjects we met in our training school courses, but presented in fuller detail and from different points of view. The fundamental principles of nutrition and reproduction are studied first through the lower forms of plant and animal life, experimental and microscopic work adding immensely to the interest, and the deeper understanding of the subject. One cannot help the regret that nurses should not all have this broader basis of biological principles, on which to build nursing practise and experience.

The study of psychology may strike the practical mind as rather irrelevant to the subject of nursing, but apart from the fact that it is the basis of all intelligent teaching, it seems to me particularly valuable in helping to a better understanding of the vagaries of human nature. Modern psychology is no mere abstract science. It has a very definite and practical bearing on life's problems, and especially in view of the recent emphasis on mental attitudes and influences, and the increasing number of nervous derelicts we meet in every department of nursing activity it seems to me that not only the graduate nurse but the pupil nurse, needs all the knowledge and the power she can gain, by which she may control and regulate her own life, and rightly influence the lives of those who depend so much on her for strength and readjustment.

In the application of educational principles, the nurses share with the other students the ordeal of practice teaching—the experience being much more valuable for the instructress than the instructed, I judge—though I believe the pupils of these particular training schools are bearing up remarkably well under the treatment.

The nursing subjects proper deal with hospital construction and equipment, and all the practical details of administration. The class has had the opportunity of visiting several representative city institutions and the work has been taken up quite fully under a competent architect, and Miss Gooderich of Bellevue and Allied Hospitals. Mrs. Robb's series of lectures on the training school was thoroughly comprehensive, but even more than the value of her words, was felt the inspiration of her magnetic personality. The same may be said of all the speakers we have heard, and especially in connection with the social aspects of nursing—Miss Dock on the history of nursing, Miss Wald of the Henry Street Settlement on district and school nursing, etc., Mrs. Florence Kelly on child labor, Miss Gibbs on the work of

instructive dietitian in the homes of the poor, and Miss Farrell on the problem of defective children. Professor Devine's course in social economy, at Columbia University, has also been most valuable to those who were able to take it; it would be hard to find a more competent authority on social problems, than the able editor of "Charities and the Commons."

This comprehensive survey of the whole field of nursing activities and of nursing possibilities, helps the private nurse or the busy institutional nurse to get a grasp of the situation, to adjust her vision to the broader issues of her time, to find her relationship with all the other forces which are working for the common good. It is at once an illumination and an inspiration. The personal touch with these "big" men and women is an education in itself. But it is impossible to mention in detail all the features which are represented in the curriculum. With such an attractive assortment of good things provided, one is tempted to rebel against the limitations of programmes, and the kindly solicitude of advisers; but when the day of examination draws nigh, even these are fully justified in the mind of the most greedy student.

The university provides lavishly of extras in the way of extension courses, and public lectures, so that one has the opportunity of hearing very able speakers in the broadest range of subjects—scientific, literary, ethical, and artistic. The daily short service in the college chapel is a very real and helpful element in the life of the institution, as are also the various clubs and other college organizations. The cosmopolitan character of the men and women who congregate in great educational centres, the stirring life of the city itself, its art and its music and its great social movements, are all opportunities for broadening one's ideas and enlarging one's sympathies.

The attitude of professors and assistants in Teachers' College cannot fail to impress a newcomer, and is especially, I think, an object lesson to the institutional nurse. They are so genial, so sympathetic, so thoroughly helpful in every way, so lacking in that aggressive superiority which too often seems to be our hospital idea of authority. Admitting the necessity of a stricter discipline in the hospital wards, does it not seem that ours is too often the attitude of the industrial "boss" rather than that of principal or teacher in a school for the education of women?

I cannot leave this part of the subject without acknowledging the debt which the students of the hospital economics course owe to Miss Nutting, not only for what she has contributed to the value of the course, but for her unfailing personal assistance and interest.

It is to be hoped that the department of nursing will ere long be dignified by a properly endowed professorship, lending permanency and prestige to this movement for the higher education of nurses. The future will doubtless bring many developments and possibly in due time we may even have a hospital economics course in one of our own Canadian universities. But in the meantime, where should we have reciprocity with our hospitable neighbors, if not in nursing education? Perhaps it will not be considered unduly boastful among ourselves, to remark on the very important part which has been played by

Canadian women in the development of the nursing profession in America. The fact is, we are and should be one body with common aims and interests, and the best of sisterly relations.

It is to be regretted that so few nurses have been able to avail themselves of the opportunities of the hospital economics course. The expense certainly is a consideration, but as Miss Harcourt mentioned in the last "Canadian Nurse," it is not more than teachers are everywhere willing to pay for their professional training. Among the methods for reducing expenses, I do not think I noticed the plan for co-operative housekeeping, which some students have found quite practicable and which I know does reduce expenses materially. Many of our most capable and ambitious nurses are tied by financial burdens, which they must carry in spite of that "thirst for the water brooks," which one of them confesses to every time she sees the mention of the economics course. I am sure, however, that there are many who might save the necessary amount out of the ordinary income of two years, if they would only adjust their scale of values a little. The educational qualifications for admittance are not at all prohibitive and I believe experience is considered a very valuable asset. But all these details may be obtained by sending to the secretary of Teachers' College, Morningside Heights, N.Y., for a full announcement, or for more specific information, to Miss Nutting.

I have gone so far into detail because I have received several letters from nurses at home, asking about the particular features of the work. Many wonder "if it pays." It is hard to compute the value of these things in terms of dollars and cents. Personally, I think that any broadening in one's outlook or enriching of one's life, is well worth while, even at a sacrifice of many other desirable things. Yet even at the world's valuation, which we cannot altogether ignore, one would think that the bigger the woman, and the broader her experience and knowledge, the more she should be worth in any position, be it as superintendent, or teacher, or private nurse, or social worker. I believe the demand for qualified graduates has always been greater than the supply, so there is little to fear from lack of opportunity, if one has all the other essential qualifications.

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A DAY'S WORK.*

The forming of the Ottawa Association for the Prevention of Tuberculosis, in March, 1905, led to the systematic visiting of such patients at their homes. In the following May it was resolved to begin work on the lines laid down by Dr. Phillip, of Edinburgh, Scotland, namely, the personal house to house visit to the sick, with individual instructions to the sufferers in the means by which their own conditions might be improved, and their families protected from contagion.

* A paper read before the Canadian Association of Training School Superintendents.

A sufficient sum of money was obtained by subscription to defray the nurse's salary and other expenses for the current year. On the fifteenth of the same month, Miss Hayside, a graduate of St. Luke's Hospital, Ottawa, was engaged, and immediately began work. Her work proved such a success that, on her resignation, eighteen months later, it was decided to engage another nurse in her place, and I assumed her duties as assistant visiting nurse of the Association up to the present date.

I soon found that almost half the patients visited had not sufficient nourishment, nor the means to obtain it. As soon as this fact was made known to the May Court Club, this humane organization, which has been our unfailing resource from the first, generously offered to supply nourishing food, warm clothing, medicine, and other necessities for needy patients. I cannot sufficiently express my gratitude for such ready support and willing co-operation.

But, not content with such generous measures, the members of this same Club opened, June 18 of the present year, a free dispensary for tuberculous patients only, under the auspices of the Anti-Tuberculosis Association. This dispensary is open three days a week, from 11 a.m. to 1 p.m., with some one doctor out of six leading physicians, and the nurse in charge, in attendance.

A patient, on admittance, is given a card bearing the Register number, his name, address, date of visit, by whom sent, and name of attending physician. This he keeps and shows at each succeeding visit. The patient is next examined, his history noted, and medicine, disinfectants, sputum cups, etc., dispensed if necessary. A visit is made to his home, within a day, if possible, and observations taken by the visiting nurse of his surroundings, manner of living, etc., Where want of means calls for it, milk and eggs, and other necessities for the patient's comfort are furnished. On each subsequent visit a record is added to the notes taken.

The dispensary has greatly simplified a large part of my work. Cases are often reported by neighboring patients, who have observed symptoms resembling their own. I require such subjects to call, if possible, at the dispensary, and if, after diagnosis, tuberculosis is found to exist, they are placed on the list of patients and entitled to the care provided.

My work gives me free access into comfortable homes, as well as hovels, and in both my visits seem to be appreciated. In the great majority of cases I have been encouraged by the way my instructions have been received and acted upon, and by the general results of my work. The patients seem to look forward with pleasure to my visits. One man, the father of a large family, exclaimed when he saw me coming: "Here comes our nurse. We look upon her as our mother, and tell her all our troubles." Another patient's parting words were: "Oh, I have been so discouraged and heartsick; but now I feel hopeful and ready to battle for life after the encouragement you have given me." With

my very poor patients, I find that I am called upon to heal many a heartache and distress of mind, as well as weakness and pain of body. Let me cite a pathetic case. A father who had always worked hard suddenly became ill, about two years ago, with hemorrhage from the lungs. He had been a dissipated youth, therefore his constitution was not favorable ground for curative work. He was twice sent to a sanatorium, and came back each time much improved, but only to succumb to a fresh attack on both occasions when he resumed work. The expenses of his long illness soon left him at the end of his financial resources, unable to work, with a wife and two helpless children depending upon him for support. Both father and mother turned to me for aid in finding such work as the poor woman could do, in order to keep their little home together. She could not leave her little ones, as the youngest was a nursing baby. I persuaded the man to go to a hospital for advanced cases, and by the aid of friends procured the cleaning of offices night and morning for the poor mother.

Often my inventive powers are brought into play to devise methods of getting patients to live in the fresh air. Roofs, porches, wheelchairs, hammocks, and, in one case, an attic room, have been brought into requisition. Two sides of this room were torn down and sliding windows substituted. On storms or severe weather coarse canvas was drawn across the windows, thus admitting sufficient fresh air, yet giving enough protection. Adjoining this room was one well heated, where the patient robed or disrobed. In another instance a platform in a very small yard was brought into service. The patient was confined to her bed, was carried here every morning about 6 o'clock, and lay there in her cot until dusk. To shield her from the sun, a sheet was tacked to a frame held above her by four posts, which were nailed to the platform. This cheery patient always greeted me with a smile, and on my leaving insisted on my taking a flower from a small bed of geraniums planted by her own hand in the centre of the yard, and whose every blossom she had tenderly watched as it bloomed.

Verandahs are easily pressed into use, both for night and day. In summer, curtains can be hung to shield the patient from storms. In winter double windows and boards transform the verandah into a desirable living room for the patient.

Some time ago I was called to see a young man, well advanced in the disease, who thought he had come home to die. I found him in a room crowded with furniture, and with only one long, narrow window for ventilation. On going upstairs, I noticed a good-sized verandah overlooking the driveway and canal. I remarked that this might be fitted up as a room for my patient. This puzzled the family, as they did not think such a thing could be done; but after a few suggestions, a single bed was moved out, a table and chair pillowed, a curtain was hung to screen him from the view of his neighbors, and before I left my patient was installed in his new quarters. On my next visit he managed to crawl from his

bed to a wheel chair, and was brought into the sunshine. I suggested his getting a thermometer for his own use, and offered to show him how to take his own temperature and keep his chart. This interested him and aroused him from his moroseness. Now he is improving daily, and takes great pride in keeping his chart and following my instructions in all things.

In my work the days go on seemingly much alike, yet each brings some new lesson to learn, some new problem to solve.

At one time it is difficulty encountered in the removal of a patient against the wishes of his family; at another, trying to find a place for one in the crowded tuberculosis ward of one of the available hospitals in the city. Then, again, trying to find shelter for some unfortunate stranger without friends or means, and stranded in a poor lodging house. One such case I recall—that of a young man who shared a wretched room, small, untidy, and foul-smelling, with two others. The poor fellow was glad of any place to lay his head, and never even dreamed of the infection with which he was saturating his room-mates.

Since early spring several patients have found temporary shelter in tents loaned by the Anti-Tuberculosis Association.

Every day we see more clearly the imperative need of a proper building in which our unfortunate patients can be isolated with comfort and receive the approved scientific treatment their peculiar disease requires, and where medical men may be able to carry out their theories for the cure of this most dreaded scourge of mankind. From existing circumstances, we have every reason to hope that, before the close of the coming year, such a building will indeed be ours, and an asylum secured for such tuberculous patients as need our help, as well as a new field of labor offered to the devoted and zealous members of our Anti-Tuberculosis Association.

ELIZABETH E. HARRIS.

THE NURSE IN THE HOME.

I was asked to talk to you on "The Nurse in the Home," because it is now a generally accepted fact that the nurse just out of the hospital is not prepared to care for one patient in his own home, in his own way and in his own time. I do not mean that she is not trained to do the necessary things for his welfare, for she is, but private duty nursing differs so much from hospital nursing that the average graduate finds it difficult to adapt herself to the various phases of home life after the strict routine of training school regime. For instance, in the home your patient is not awakened at 6.30 to have his face washed and his breakfast eaten by a certain hour. He is not made to have a bath before the physician calls. He may not need a bath at all, and he is allowed to have his own way. While in training a nurse has a certain amount of work to get

through within a certain amount of time. In private duty she has twenty-four hours to cater to one individual. The hospital nurse and the private duty nurse are judged from such different viewpoints, that because a nurse is a fine hospital nurse or splendid head nurse, is no reason at all that she will succeed as a private nurse. It makes no special difference to the patients in the hospital whether their nurses put much of self into their work or not. When one nurse goes off duty someone else takes her place. They get the necessary care and what they pay for, but in private home duty the nurse is with her patient twenty-four hours. She enters into the intimacy of the family life. The patient has time to and does observe everything about her—her personality, her dress, her grammar, in fact, every detail. While institutional work, visiting, nursing, school inspection work and the other branches now open to trained nurses all require special gifts and I believe nurses should specialize, the successful private duty nurse should be a refined, well-informed woman, thoroughly honorable, absolutely honest and should acquire all the niceties of the technique of nursing. She should have a fine sense of the fitness of things. I asked a prominent physician about a nurse whom I knew was a splendid practical one, and he replied, "Oh, oh, she is a good enough nurse, but she does not know how to do the nice little things." These "nice little things" are what count in the care of the well-to-do, refined patient. Then the private duty nurse should love her work, for the patient knows instinctively whether she does or not, and the mind attitude will do as much toward the convalescence as the actual labor. It is not many years that all this has been required. In the past those who would do the absolutely essential nursing, though of low moral character, were the only women to be obtained. Now the trained nurse must be of the highest moral standard, be fairly good looking, wear good clothes, be cheerful, thoroughly competent and have good table manners, so that the husbands and other relatives will enjoy their meals with her. While she should have a pleasing manner, she should be careful not to be frivolous, familiar or flirtatious, for some wives are keenly jealous and while ill are peevish and super-sensitive and may misconstrue the nurse's cheerful, pleasant demeanor.

Adaptability and tact are the qualities which should characterize the private duty nurse, for she meets different people and different conditions constantly. Every home is conducted differently; no two families live alike, though in the same social sphere. Some homes are always kept in order, clean and neat; some are untidy and disorderly, and even dirty. While the nurse will keep her patient's room clean, she ought not to try to reconstruct the way of living in the homes which, to her well-trained instincts, seems disorderly, for the family always have lived that way and will continue to do so, and the effort of the

nurse will not be appreciated. If the disorder or chaotic condition is the result of the present illness, then one's efforts will be a blessing to the family. In the homes where there are several servants, from the butler to the scullery maid, the nurse will not have much actual housework to do; but in the average home, where one or two servants do all the work, the nurse will do what seems necessary to keep clean the household affairs running smoothly.

In some homes you will find luxurious linen closets, filled with dozens of embroidered towels, sheets, pillow-cases, etc. Here you will feel free to use abundantly all the towels and wash-cloths that you wish to. In others, where there are four or five towels or one or two wash-cloths for the whole family, you will find it necessary to wash some in order to have enough for your patient's use. Learn to discriminate, be as economical as possible usually, but in a luxurious home be sure to use plenty of clean linen and especially napkins for the trays, for in such homes the underwear is changed daily and clean table linen is used for each meal.

Also in ordering diet, one should be as economical as is consistent with the manner of living in the home. On obstetric cases, if there is a laundress, the nurse needs to simply rinse out the baby's napkins and put them in water until wash day, but where there is but one maid of all work the nurse will wash them and use them again. If there are other children she will often have to help bathe and dress them, and while this is not a trained nurse's work she will do it or anything else to keep her patient's mind at ease and the household affairs running smoothly. In private nursing one does not often get two hours off duty, and while it is right and proper that she should have time for rest and recreation, the faithful, conscientious nurse will not leave her patient who is very ill, and there is no one to relieve her. If she does go out, she should change her dress, for a nurse in uniform on the street is conspicuous, and, also, the street dirt is carried into the house and the sick room. This brings me to the question of clothing.

Do not start out to nurse with two uniforms and six aprons. Have sufficient dresses, aprons, caps, etc., to keep spotlessly clean, for you are with your patient day and night, from week to week, and he or she has nothing much to do but inspect you and your clothing. Then keep them well mended. I knew a splendid nurse to be criticized because her skirts were frayed. Have three wrappers or bath robes, made of a pretty washable material, not too dark, or bright red, not too bulky, so that they take up space in your suit-case, but warm enough to sit up in at night. Have them made with medium sleeves, never flowing ones, and quite high in the neck, so that if your patient is a man there will be nothing about your attire suggestive. Imagine the humiliation of a nurse, who was a most modest girl, when the

mother of a male patient suggested that the lace in her gown was open enough to reveal her skin. A nurse has too many sacred duties to her patient, too much responsibility for the reputation of her hospital and her sisters in the profession, and too much self-respect to maintain to run any risk of being a temptation to her patient. Also, she should own her own night slippers, so she need not borrow. I heard of a nurse recently who took without asking her patient's wrapper and hairpins. It is unnecessary to say that her services will never be required in that family again. If you are in the habit of borrowing from each other, quit it at once, for it is a bad habit that clings to one through life. The nurse in private duty cannot be too particular in the care of her own person. Her hair, teeth and hands should always be well cared for. I do not mean that her hair should be curled or fluffed all over her face, but kept clean and smoothly combed. Particular care should be given to her teeth and mouth, so that she will have a sweet breath, and her hands should be kept smooth and as well manicured as is possible. These are small things, but they mean much to nervous, fastidious women, and men as well. A nurse's personality should radiate a fresh, sweet, clean wholesomeness, without the use of sachets, perfumes or cosmetics. I think that the nurse who is planning to do private duty should practice and learn to read well.

Also, she should avoid rocking in chairs, and crushing paper in her patient's presence. She should try to appear pleasant at night when awakened to wait on her patient, though she may feel tired and cross, and she should be very careful to keep all unclean, unpleasant objects from her patient's sight.

Perhaps the most common complaint is that nurses gossip, and it is easy to understand why they do. During training school days so much happens that is of common interest and is made the subject of general conversation, and nurses acquire a habit of discussing everything, but it does not do when out in the homes of those who depend on us for care and whom we depend on for a living. Because of the intimate relations the nurse forms with the families, she learns secrets which should never be whispered outside that home. She should not tell from one to another the details of the sicknesses, the amount of linen, etc., in the home. Then she should not only not gossip from patient to patient, but she should not retail hospital doings, or criticize the acts of other nurses, for the patients will do that to perfection. We are all responsible for the reputation of our hospital and we should be loyal to her, for we either reflect on her care and training or we do credit to it. This suggests one thing on which I feel very strongly, that of abstaining from intoxicating liquors when on duty. No nurse has any right to indulge in them while on duty, not only for what will be said about herself, but for the sake of the sister nurses.

The thoughtful, tactful nurse will leave the room after seat-

ing visitors; she will also give the patient and physician an opportunity to discuss privately anything they may wish to. She will also plan to be away so that the husband and wife can visit together alone; and she will be much appreciated if on occasions when there are guests to dinner, she will have her own meals sent up to her room or go down to second table.

This suggests the treatment by the nurse of the servants in the family. While she should at all times maintain the dignity of the profession and of her own position, she will be considerate of the servants and exhibit a modest, quiet spirit at all times, remembering that they do not know or appreciate how many years of training she has had. She will avoid conflict with them and not order them to wait on her, though she may have to do extra work. Sad indeed is the experience of the nurse through whose thoughtlessness or tactlessness the servant leaves when there is illness in the house, but happy and complimented indeed is she, who, on leaving the case, has not only the patient's gratitude and tears, but the servant's sorrow at her departure.

The nurse should endeavor to keep up with the times by reading the daily papers and magazines, not so much that she may lead discussions, but that she may be able to appreciate what is being talked about by those around her. She ought also to wait to be invited to participate in the social life of the family before doing so. When making an obstetric engagement she should state her price and have a definite understanding as to when the engagement begins and the day she shall be paid from. By so doing much worry and trouble is avoided for both patient and nurse.

When death enters a home the nurse is in a trying position, and while endeavoring to be a comfort to the sorrowing ones by being cheerful and brave, let it never be said of her, "She was without feeling." If the case has been a long one and she has become endeared to the family, she is usually asked to stay until after the funeral, and though it is not easy to do it seems to be one of her duties.

Because of the long hours of confinement, the necessity of giving up all of one's own interests to those of the patient, the strain of keeping in sympathy with the family's interests, and of keeping cheerful, smiling and sweet under all circumstances, private duty nursing is exceedingly wearing and strenuous, and means the expenditure of one's own nervous force. For this reason one can work only about three-fourths of the time. She should have a pleasant comfortable room, where she may do exactly as she pleases when off duty; and, oh, the joy of coming to your own little den after weeks of hard work and close confinement in someone else's home. But the compensations of private duty nursing are many. The companionship of refined, cultured people, the intimacy of beautiful family

relations into which the nurse enters for a little while, the friendships formed which often last for life, the gratitude of the whole family, and their never-ending interest in your welfare, all go to make one's life broader, more charitable and happy. The nurse develops with her work, she acquires self-possession, self-reliance and self-poise, and with it a reputation for faithful, conscientious work, for it is true of the nurse as well as the physician, "A pleased patient is her best advertisement."

No better advice can be followed by the nurse who has to adapt herself to the ever-changing conditions of home nursing than that given by Polonius to Laertes:

"To thine own self be true,
And it must follow as the night the day,
Thou canst not then be false to any man."

The well-trained nurse who will apply these principles to her life and work and obey the golden rule, "Do unto others as ye would that they should do to you," will be a satisfaction to her patient, to her physician, and to herself.

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NURSING IS A PROFESSION

Every year, hospital training schools, giving a two to four years course, graduate hundreds of nurses. These nurses become members of graduate nurses' associations, to which are not admitted nurses taking a three months, six months, or correspondence course. This is done not only for the advancement of the profession of nursing, but also as a protection to the public—the same reasons that formed the medical and other professional associations. Nurses wishing to do district work, become members of the Victorian Order of Nurses, with headquarters at Ottawa. This order accepts graduate nurses (after a probation) and gives a special training in district work. The order pays nurses' salaries and expenses. When possible a small fee is collected from the patient to help carry on the work of the V. O. N. Communities needing the services of district nurses, should apply to Victorian Order of Nurses, Ottawa, not flood our country with untrained nurses, as a correspondent in our local papers wished. In a few years it will be as impossible for sham nurses to practise, as it is to-day for quack doctors to do so.

ETHEL MORRISON.

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YOUR LIFE WORK

It is a serious matter to come to the close of one's course of institutional training.

1. *Graduation is not the completion of your education or training.*

It is only the close of one period—that period in which you have laid broad and deep foundation principles, those principles which are to govern your future.

There is an expression used to-day which suggests the same thought. We speak of a person "making a career" for herself. What do we mean? Literally, the word "career" means "a race course"—hence, the path which we mark out for ourselves. Thus, graduation does not mean that you have now a clear and well-defined course to follow, but that there has been placed within your reach the power to carve out for yourselves the pathway of your life's ambitions—your life's work.

2. *What is this work?*

It is not for me to tell you of what a nurse's work consists, even if I could, nor would this be a fitting occasion to do so. But I can tell you some things which, perhaps, in your professional capacity, you may overlook.

It is almost superfluous to point out the nobility of your calling and that you belong to a profession which ranks in the forefront so far as service to mankind is concerned. There can be no doubt that the trained nurse is one of the greatest blessings of modern times. But it is one thing to recognize this in a general way and quite another to remember it in a specific manner, so far, I mean, as it relates to your individual work. There are two words, however, which will help you to remember this and to live and act in accordance with it, viz.:

(a) *The very name you bear.*

A nurse is the personification of the art signified by the verb "nourish." And what does not that word suggest? Think of all the tenderness, the patience, the humility, the love that is embodied here, and, thinking of it, live up to your name.

(b) Another word which will help you to remember your high calling is that which, I think, better than all others describes your work, even as it describes all true work—I mean the word "service."

Do not be afraid of that word. Neither be afraid of the word "servant." They embody the highest act of humanity. Life is full of paradoxes and none is more striking or truer than that "to serve is to reign." Even the Divine Master Himself could find no better way of describing Himself and His work than to say, "I am among you as He that serveth."

3. *Some Elements of Success.*

(a) *Remember the boundless possibilities of your profession.*

I have said that your calling is one of the noblest and highest possible. Not only so, but it is one which should call

forth the very best qualities in you, for all the possibilities of the profession are potential in yourself. You, as an individual have the power to make your profession more noble or less so. Whatever you do to advance the cause for which you stand will advance the whole. But the opposite is equally true. Let it be your aim, then, not simply to work for yourself—for your own advancement, your own self-aggrandizement—but for the cause, for humanity.

(b) *Be loyal.*

(1) *Be loyal to your chosen profession.*

Take your work seriously. To enter it in any flippant or careless way, or simply as a means of livelihood, will be to court failure. So far as I have been able to judge—and I may say that my work naturally brings me into touch with many of the nursing profession—this is the chief cause of non-success, other things being equal. Unless one feels called to this work—is in it because it naturally appeals to you to serve your age and generation in this manner—better, far better, not to enter it at all. The nursing profession is not a stepping-stone towards acquiring a fortune or even fame—but, I take it, is a boundless sphere for doing good in the Master's own way.

(2) *Be loyal to yourself.*

Do not sink your own individuality in your profession. This is as harmful as it is to sink your profession in yourself. Avoid professionalism. (I use the word in its narrow sense.) Be human, and you will then be humane, which is, after all, only exhibiting the finer instincts of the race—those qualities which we naturally associate with the sweet-faced, sweet-voiced wearer of the uniform which it will be your privilege now to don. Do you ask what those qualities are? I would point you to your motto—*caritas*—a word which embraces, in its full meaning, all that goes to make up true character, for does it not mean “love”—and those of you who have read Drummond's “The Greatest Thing in the World” will recall his wonderful analysis of Love, based upon Paul's noble panegyric, viz., Patience, Kindness, Generosity, Humility, Courtesy, Unselfishness, Good Temper, Guilelessness, Sincerity. I could not ask you to do anything better in the line of success than, as your eye rests upon your motto, that you strive to realize its full meaning in your own life.

(3) *Be loyal to your highest ideals.*

I do not think anyone passes through a course of training for any chosen profession without framing for one's self certain ideals—ideals which are closely associated with one's future career. In the first flush of enthusiasm with which one takes up the work it is easy to keep these ideals before one—but, as time goes on and it is ascertained that the attainment of them is no easy task, comes the temptation to abandon them.

You, too, no doubt, have your ideals, either of your own making or suggested to you by your teachers. You, too, will have to face this same temptation. Whatever you do, do not yield to it. Never abandon your ideals. You will ever find them an inspiration—a lode-star beckoning you on to higher things.

(4) *Be loyal to your Alma Mater.*

"If I forget thee, O Jerusalem, let my right hand forget its cunning," said David. And the true graduate of any institution will not forget those halls where, amidst, it may be, much toil and weariness, yet also amidst joy and true companionship, she wrought for the better equipment of herself for her life's work. And this will be easy in your case, for you have here an Alma Mater of which you cannot help being proud. She has already won your affection by her own qualities and will continue to hold it, by reason of the high standards which it will be her aim always to present to the world. She looks to you, as her true and loyal daughters, to keep her name untarnished and her standards never lowered. Remember that the work of a hospital is not confined within its own walls. It has a broader view, a larger vision than that which is so circumscribed. A hospital is a public institution and must stand the test of public opinion. And you, her graduates, are by no means the least of the fruits by which this institution will be judged. Do not forget, then, that she now permits you to use her name, that she has admitted you into her family and that you have the privilege of taking that name as your own. See that you do not take it in vain. Let your individual life and character—what you are and how you do your work—be such as will not only reflect to your own credit, but to that of your benign mother, the R. A. H.

I heartily congratulate you on your successful work, and I wish you enough success in the future to encourage you ever to strive after the higher goal, and just enough of difficulty to keep you from getting into that state where striving becomes impossible.

R. A. HILTZ.

LETTERS FROM A NURSE IN TRAINING

The Hospital of the Good Samaritan.

My dear Margaret,—How pleasant it is to be able to pour out one's whole soul on paper in this fashion and to be quite sure of being understood! Truly I have travelled far since I left home a month ago and all of the road has been passing new and strange and some of it a bit rough and thorny. You have travelled it yourself and, though now you look down on me from the cold heights of your assistant superintendency you will understand and sympathize as even the home folks cannot. I seem suddenly to have entered a new world, different surroundings, different ideals—almost, it seems to me, they speak a different language.

I had hardly expected to enter the hospital so soon. When I made application I was told it would probably be in August, but some other applicant failed then, and, though it is only June, behold me a probationer of one month's standing.

The night of my arrival remains a horrid memory. It was evening when I reached the home and the nurses were coming off duty in companionable groups of twos and threes. No one seemed to be alone but me. There I stood with my shabby little valise, no one seeming to care whether I had any resting place for the sole of my foot or not. A few of them looked at me with mild curiosity. I am the first member of the new class and there have been no probationers for some months.

At last the housekeeper arrived and took me to a room on the top floor—two beds in it, clean and very bare. My trunk had arrived before me and I was told to unpack it and put the things away as we are not allowed to keep trunks in our rooms. I don't like to think about unpacking that trunk. There lay all the neat little piles of things mother had put away for me—the blue and white uniforms she had fitted on me so anxiously, the "sensible" shoes the boys had made so much fun of, even the square tin box of cake and my favorite jam "for fear I should be hungry." I felt as though I could never be hungry again. I bundled everything away as quickly as I could, put out my things for the morning and crept into bed. Then the great wave of homesickness that had been mounting higher all day broke and rolled over me fathoms deep.

Just before ten o'clock the door opened and my room mate came in. She seemed a little taken aback when she saw me and my possessions. Evidently she had not expected the invasion of this brand new recruit and did not quite like it. She is a pretty little Welsh girl with such a delightful accent and seems very popular with the others. At half-past ten the lights clicked out and most of the girls must have had to finish disrobing in the dark. In a few minutes the halls were silent. From my window I could see the lights of the hospital and hear the subdued whirr of the dynamos in the power-house beating like a great heart. At last I fell asleep, but almost immediately it seemed to me the six o'clock bell rang, and it was my first day on duty. I got up at once and dressed with trembling fingers. I was ready long before my room mate, who seemed rather

amused at my eagerness. We had breakfast and went upstairs for prayers at ten minutes to seven. It was rather an ordeal. There were about fifty nurses there all in the dark blue uniform of the hospital. I suppose it would have been a pretty sight if one had been in the mood for it. The head nurses wore white and stood in a group by themselves. The lady superintendent read a few verses, then we sang a hymn and said the Lord's Prayer. In some vague way I felt comforted, but whether it was religious consolation or not, who shall say? They all filed out of the room in order of class, poor me at the extreme tail end. The assistant superintendent stopped me and told me she would show me where to report for duty. We went through endless corridors until we reached Ward Three, a public medical ward for women with a small ward at the side for children. The head nurse, Miss Crawford, was reading the night report, the others standing round waiting for orders. I scanned her features anxiously, for was she not to be one of the arbiters of my fate? She is very striking in appearance, splendid grey eyes with black straight brows, but a cruel-looking mouth. She looked at me from head to foot with an appraising stare, made no remark but looked, I thought, sufficiently disgusted. When the rest had been assigned their various tasks she showed me the large ward—twenty beds in it, also the children's ward with eight cots and the various linen cupboards and bathrooms. Most important of all, she showed me the bell register in the ward kitchen. "It will be your duty," she said in calm professional tones, "to answer those bells." I gazed at her in helpless fascination. There were twenty numbers on the register. Suppose they all rang at once! Even as I pondered one rang, loud and insistent. It was seventeen. I managed to locate it—a very querulous old woman in the corner of the big ward. She was propped up with a back rest and was breathing heavily. "I want to be lifted up in bed," said she, "but you won't do—you're a new one. Get some one as knows something." This was what the boys would call a squelcher. The third nurse, Miss Everett, who was near by, came to my rescue. She does not seem a very strong girl, but it was a revelation to me to see her lift that heavy woman. I helped her re-arrange the pillows and back rest, all I was good for!—and wondered whether I should ever be as deft and clever as she was.

There were small wooden tables between the beds which I was set to scrub. These tables are an eyesore to Miss Crawford, I learned later, Ward 3 being the only ward in which these relics of barbarism still survive. In the other wards they have been replaced long ago with glass ones of the most approved type. However, I scrubbed them as well as I possibly could and wiped down all the window sills, subject of course to frequent interruptions from that importunate bell register.

Then Miss Crawford escorted me to the bathroom, showed me how to scour and polish, and left me to my own devices. At ten o'clock order was beginning to evolve out of chaos to some slight extent. Miss Crawford came down, narrowly inspected what I had accomplished and made no remark one way or the other. She told me there was "lunch" in the ward kitchen and

that I might go and get some. I was the last and there was only one slice of toast left. But I gobbled it up in a twinkling, and like *Oliver Twist* longed for more. Everything tasted a little of turpentine and carbolic, for my labors in the bathroom had invested me in a sort of aura of these searching perfumes, but never before or since have I been so ravenously hungry.

In the afternoon I was taught to make a bed hospital fashion. It seems a comparatively easy thing to do—until you have to do it. The pillows seemed to be demoniacally possessed. No matter how I patted and pulled and shook and twisted, they all flopped to one side like a badly poached egg. Then along would come Miss Crawford—a little twist and a shake and there they stood as firmly as Gibraltar.

By seven o'clock I was heartily tired out. I climbed up the three flights of stairs and threw myself on my bed, but I remembered what you once said about weeping probationers and restrained any fond and foolish tears I might otherwise have been prone to shed. The little Welsh Miss Williams had changed her uniform for a light skirt and blouse and went gaily away to play tennis. I could hear the soft thud of balls on the court and the voices of the players as they called the score. I tried to read but could not. Over the city it was beginning to grow dusk and far away the colored lights of the fair grounds twinkled in the summer night. I could even hear the music faintly, borne in on the cool night breeze. Such an odd little tune! Mother and I had often played it as a duet and thought it pretty, and now out there the horses danced to it in a dog and pony show. Such a merry little tune, with the gay ponies in their bright trappings dancing in the sawdust ring—but not all the grand classics of music breathing every emotion the human heart ever thrilled to could have stabbed my heart like that teasing melody played by that cheap band. Of such strange stuff are we made, my Margaret.

Well, this was the first day, and in many respects. I think, the worst. I am getting physically accustomed to the grinding work now, but it is being borne in upon me that your advice, "Never forget the human side of your work," is increasingly hard to live up to. We are all in such a desperate hurry, so much work and so little time, that when I have answered seventeen's bell five times in half an hour I lose sight of the fact that she is an old woman worn out with hopeless suffering and think of that horrid line, "They are neither man nor woman, they are neither brute nor human, they are ghouls." Needless to say I manage to disguise my feelings, but I suppose that according to your standard this is not sufficient. "Not only with our lips but in our lives." Be patient with me, my Margaret. This stern discipline, this scouring of taps, this answering of bells, crass mechanical work as it is, is accomplishing its object. The unruly spirit of your friend is daily chastened. I never was so ordered about in my life. Everyone has dominion over me. If I leave a dirty cup in the sink the Irish ward maid admonishes me. The ward cleaner was very much annoyed yesterday because I took his radiator brush without permission. The fourth nurse has only been here four months, but, metaphorically speaking, she

casts her shoe out over me at every turn. She gave the medicines last Sunday afternoon when the second nurse was off duty; just think of that! I can hardly read the hieroglyphics on the labels, and as for holding the corks in the crook of my little finger with the degree of sang froid she possesses—alas! no, I shall not attain unto it in many moons.

I cannot tell whether I am likely to be accepted or not. Miss Crawford never praises me, no matter how hard I work, but she has only really scolded me twice. Once because I left the window shades at uneven heights in the big ward, and once because I let a medical student carry a screen for me. It was an awfully heavy screen and he was a very strong medical student, therefore why shouldn't he carry it? I didn't ask him to carry it and all I said to him was "Thank you." But it cost me ten minutes in the linen cupboard that were far worse than the carrying of many screens.

I asked Miss Everett whether Miss Crawford would recommend me for acceptance. She seemed to be rather doubtful. "She keeps you on with her on Sundays and that's a good sign," she vouchsafed at length. But is it? and why? Oh, dear! the lights will be out in a minute. I must go to bed. To-night in some strange way the whirr from the engine-room sounds more friendly, more as though the heart of the Hospital of the Good Samaritan beat for me too, as though I were really part of it at last.

Good-night. Think of me.

E. J.

ORILLIA GENERAL HOSPITAL

The annual meeting of the Orillia General Hospital was held in the Council Chamber recently and the hospital is not only doing good work, but is almost paying its way—a wonderful record. Miss Johnston, the superintendent, reports: Patients admitted, 140; patients discharged, 125; deaths, 5; births, 5; nurses in training, 5; number of days outside nursing, 14; number of days special nursing in hospital, 10; number of days special nursing by outside nurses, 68; number of days treatment, 1,958; average cost of patient per diem, \$1.10. The old board was re-elected, with the exception that Dr. A. P. Ardagh was elected to succeed Mr. H. J. Bartlett, who resigned some time ago. The board is composed of Messrs. T. H. Sheppard, H. T. Blackstone, G. H. Clark, J. J. Hatley, W. H. Tudhope, A. E. Munn, R. J. Sanderson, Wm. Carson, and Dr. A. R. Harvie, Dr. A. E. Ardagh, Dr. W. C. Gilchrist, and Dr. A. P. Ardagh. We congratulate one of the newest of Ontario hospitals on its excellent record for the first year.



Extracts from the annual report of the president of the Victorian Order of Nurses Committee, Baddeck, C.B..

"On making this my annual report for the year just ended, I am confronted with the sad trials of that year—trials that reached the hearts of loving parents, and, despite the faithful care of doctors and nurses, left many a vacant chair at our firesides.

"The V. O. Committee of this district, in that crisis, was always ready and willing to extend the helping hand to the suffering neighbor. Perhaps one of the most perplexing things for our committee was to place the service of the nurse so that it could do the most good to the many.

"Those present will agree with the committee in believing that, at no time in the past twelve years, was a nurse needed so much in Baddeck as last summer, and at no time in those years was a nurse called upon to do the strenuous work and continuous nursing that fell to the lot of our present nurse. She made 331 visits during the past year, and did 166 days continuous nursing. That, in my opinion, is a volume of work that would try the strength, patience and endurance of the strongest among us. In justice to our nurse, I must say that in the months, August, September and October, when she was on continuous duty, with but little rest, moving from sick-room to sick-room, I did not hear a single complaint or murmur about herself. A self-sacrificing nurse is a true disciple of the great Florence Nightingale. Can we pay for such a service with a few dollars? I say no, never! Not in this world is the service of the faithful nurse recompensed!"

D. McDonald, M.D.

Note.—Baddeck was visited last summer by a malignant type of dysentery, which attacked children and old people principally, and with few exceptions proved fatal to all children who contracted it. The Victorian Order nurse in Baddeck is Miss M. E. Crocker.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Superintendent, 578 Somerset St., Ottawa, or to the District Superintendent, 206 Spadina Ave., Toronto.

The Guild of



Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—Ambroise Pa

The American Guild of St. Barnabas for Nurses supports a missionary nurse, Miss Agnes Bolster, at Tanana, Alaska. The name of the mission is "The Mission of Our Saviour."

At the annual meeting of the Guild, which was held at St. Louis, Missouri, on November 11th and 12th, the services were opened by the celebration of the Holy Communion by Bishop Whitehead and Dean Davis in the chapel of St. Luke's Hospital. This service was a sweet and memorable occasion, and at the conclusion, all the congregation were taken to the breakfast-room as the guests of the superintendent of the Training School, Mrs. Smith. There are now thirty-five branches of the Guild in the United States.

The officers of the Guild are as follows :

Chaplain-General—The Rt. Rev. Cortlandt Whitehead, Bishop of Pittsburgh.

Secretary-General—Mrs. W. R. Howe, Orange, N.J.

Treasurer-General—Mrs. B. B. Van Harlingen, Philadelphia, Penn.

True religion—the thing that binds together, the golden chain that links our poor little earthly lives with the better life above, and keeps us here as brothers and sisters bound together with a golden chain, which unites us one and all with the great Brother on high.

Mrs. Scharlieb, M.D., M.S., Hon. Mem., Guild of St. Barnabas.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.
—Sir Walter Raleigh.

THE LAMP OF ZEAL.

"I think we made too many rules, and that we remade them too often. I make fewer now, and easier ones, and let them much more alone. I wonder if I really keep them better? But, if not, may God, I pray Him, send me back the restless zeal, the hunger and thirst after righteousness which He gives in early youth! It is so easy to become more tolerant of evil, more hopeless of good, more careful of one's own comfort and one's own property, more self-satisfied in leaving high aims and good deeds to enthusiasts, and then to believe that we are growing older and wiser. And yet these high examples, these good works, these great triumphs over evil which single hands effect sometimes, we are all grateful for when they are done, whatever we may have said of the doing. But we speak of saints and enthusiasts for good as if some special gifts were made for them in middle age which are withheld from other men. Is it not rather that some few souls keep alive the lamp of zeal and high desire which God lights for most of us while life is young?"—Juliana H. Ewing.

LIFE ETERNAL.

It is a life in which the powers of humanity are perfectly developed, and thus developed are fully satisfied; a life, the very instinct of which is the service of God; where temptation is unknown and weariness no more besets our path; a life of one unending day, of one unclouded happiness, of one unceasing joy.
—Canon George Body.

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